

## **Appendix A. Search Strategies**

# Appendix A. Search Strategies

Preliminary searches and topic scoping occurred from January 2011 to March 2011. The search strategies below are the final search strategies for randomized controlled trials (RCTs), policy-related publications, and Cochrane reviews.

PubMed (main RCT search) April 21, 2011; 2677 results.

Search	Queries	Result
<a href="#">#1</a>	Search "Patient Compliance"[Mesh]	<a href="#">42003</a>
<a href="#">#2</a>	Search "Patient Compliance"[ti]	<a href="#">714</a>
<a href="#">#3</a>	Search adherence[tiab]	<a href="#">48121</a>
<a href="#">#4</a>	Search "Medication Adherence"[Mesh]	<a href="#">2291</a>
<a href="#">#5</a>	Search "medication compliance"[tiab]	<a href="#">882</a>
<a href="#">#6</a>	Search "medication persistence"[tiab]	<a href="#">42</a>
<a href="#">#7</a>	Search "Medication Reconciliation"[Mesh]	<a href="#">27</a>
<a href="#">#8</a>	Search #1 or #2 or #3 or #4 or #5 or #6 or #7	<a href="#">81627</a>
<a href="#">#9</a>	Search "Intervention Studies"[Mesh]	<a href="#">4636</a>
<a href="#">#10</a>	Search intervention[tiab] OR interventions[tiab]	<a href="#">385603</a>
<a href="#">#11</a>	Search "control group"[tiab] OR "control groups"[tiab] OR "treatment group"[tiab] OR "treatment groups"[tiab]	<a href="#">265702</a>
<a href="#">#12</a>	Search #8 and #9	<a href="#">311</a>
<a href="#">#13</a>	Search #8 and #10	<a href="#">10363</a>
<a href="#">#14</a>	Search #8 and #11	<a href="#">3283</a>
<a href="#">#15</a>	Search #12 or #13 or #14	<a href="#">12246</a>
<a href="#">#16</a>	Search #15 Limits: Humans, English, All Adult: 19+ years, Publication Date from 1994	<a href="#">6150</a>
<a href="#">#17</a>	Search #16 Limits: Editorial, Letter, Comment, News	<a href="#">22</a>
<a href="#">#18</a>	Search #16 NOT #17	<a href="#">6128</a>
<a href="#">#19</a>	Search "Randomized Controlled Trial"[Publication Type] OR "Single-Blind Method"[MeSH] OR "Double-Blind Method"[MeSH] OR "Random Allocation"[MeSH]	<a href="#">381238</a>
<a href="#">#20</a>	Search #18 and #19	<a href="#">2677</a>

## PubMed Policy Search

Policy search done April 21, 2011 includes terms suggested by Technical Expert Panel (TEP) and alternate indications for interventions; 1064 results. 371 are unique and were imported to the database.

Search	Most Recent Queries	Result
<a href="#">#1</a>	Search "Patient Compliance"[Mesh]	<a href="#">42003</a>
<a href="#">#2</a>	Search "Patient Compliance"[ti]	<a href="#">714</a>
<a href="#">#3</a>	Search adherence[tiab]	<a href="#">48121</a>
<a href="#">#4</a>	Search "Medication Adherence"[Mesh]	<a href="#">2291</a>
<a href="#">#5</a>	Search "medication compliance"[tiab]	<a href="#">882</a>
<a href="#">#6</a>	Search "medication persistence"[tiab]	<a href="#">42</a>
<a href="#">#7</a>	Search "Medication Reconciliation"[Mesh]	<a href="#">27</a>
<a href="#">#8</a>	Search #1 or #2 or #3 or #4 or #5 or #6 or #7	<a href="#">81627</a>
<a href="#">#9</a>	Search "Intervention Studies"[Mesh]	<a href="#">4636</a>
<a href="#">#10</a>	Search intervention[tiab] OR interventions[tiab]	<a href="#">385603</a>
<a href="#">#11</a>	Search "control group"[tiab] OR "control groups"[tiab] OR "treatment group"[tiab] OR "treatment groups"[tiab]	<a href="#">265702</a>
<a href="#">#12</a>	Search #8 and #9	<a href="#">311</a>
<a href="#">#13</a>	Search #8 and #10	<a href="#">10363</a>
<a href="#">#14</a>	Search #8 and #11	<a href="#">3283</a>
<a href="#">#15</a>	Search #12 or #13 or #14	<a href="#">12246</a>
<a href="#">#16</a>	Search #15 Limits: Humans, English, All Adult: 19+ years, Publication Date from 1994	<a href="#">6150</a>
<a href="#">#17</a>	Search #16 Limits: Editorial, Letter, Comment, News	<a href="#">22</a>

Search	Most Recent Queries	Result
<a href="#">#18</a>	Search #16 NOT #17	<a href="#">6128</a>
<a href="#">#19</a>	Search "Infection Control"[Mesh]	<a href="#">44446</a>
<a href="#">#20</a>	Search #18 and #19	<a href="#">25</a>
<a href="#">#21</a>	Search "Policy Making"[Mesh]	<a href="#">15482</a>
<a href="#">#22</a>	Search #18 and #21	<a href="#">1</a>
<a href="#">#23</a>	Search "Public Policy"[Mesh]	<a href="#">92346</a>
<a href="#">#24</a>	Search #18 and #23	<a href="#">32</a>
<a href="#">#25</a>	Search "State Health Planning and Development Agencies"[Mesh]	<a href="#">780</a>
<a href="#">#26</a>	Search #18 and #25	<a href="#">0</a>
<a href="#">#27</a>	Search "Insurance Claim Review"[Mesh]	<a href="#">3437</a>
<a href="#">#28</a>	Search #18 and #27	<a href="#">20</a>
<a href="#">#29</a>	Search "Medicare Part D"[Mesh]	<a href="#">568</a>
<a href="#">#30</a>	Search #18 and #29	<a href="#">12</a>
<a href="#">#31</a>	Search "Health Services Accessibility"[Mesh]	<a href="#">69354</a>
<a href="#">#32</a>	Search #18 and #31	<a href="#">80</a>
<a href="#">#33</a>	Search "Health Policy"[Mesh]	<a href="#">67320</a>
<a href="#">#34</a>	Search #18 and #33	<a href="#">32</a>
<a href="#">#35</a>	Search "Formularies as Topic"[Mesh]	<a href="#">2537</a>
<a href="#">#36</a>	Search #18 and #35	<a href="#">6</a>
<a href="#">#37</a>	Search "Gatekeeping"[Mesh]	<a href="#">453</a>
<a href="#">#38</a>	Search #18 and #37	<a href="#">0</a>
<a href="#">#39</a>	Search "Community Pharmacy Services"[Mesh]	<a href="#">2123</a>
<a href="#">#40</a>	Search #18 and #39	<a href="#">61</a>
<a href="#">#41</a>	Search "Medication Therapy Management"[Mesh]	<a href="#">270</a>
<a href="#">#42</a>	Search #18 and #41	<a href="#">9</a>
<a href="#">#43</a>	Search "Cost-Sharing"[Mesh]	<a href="#">3121</a>
<a href="#">#45</a>	Search "cost sharing"	<a href="#">2144</a>
<a href="#">#46</a>	Search #43 or #45	<a href="#">3517</a>
<a href="#">#47</a>	Search #18 and #46	<a href="#">14</a>
<a href="#">#48</a>	Search "Health Benefit Plans, Employee"[Mesh]	<a href="#">9132</a>
<a href="#">#49</a>	Search #18 and #48	<a href="#">7</a>
<a href="#">#50</a>	Search "prior authorization"	<a href="#">216</a>
<a href="#">#51</a>	Search #18 and #50	<a href="#">0</a>
<a href="#">#52</a>	Search "Insurance, Pharmaceutical Services"[Mesh]	<a href="#">3675</a>
<a href="#">#53</a>	Search #18 and #52	<a href="#">31</a>
<a href="#">#54</a>	Search "Prescription Drugs"[Mesh]	<a href="#">1151</a>
<a href="#">#55</a>	Search #18 and #54	<a href="#">8</a>
<a href="#">#56</a>	Search "Drug Costs"[Mesh]	<a href="#">10161</a>
<a href="#">#57</a>	Search #18 and #56	<a href="#">31</a>
<a href="#">#58</a>	Search "system-level"	<a href="#">1253</a>
<a href="#">#59</a>	Search #18 and #58	<a href="#">5</a>
<a href="#">#60</a>	Search "pharmaceutical care program" OR "pharmaceutical care programs"	<a href="#">44</a>
<a href="#">#61</a>	Search #18 and #60	<a href="#">13</a>
<a href="#">#62</a>	Search "Health Services Research"[Mesh]	<a href="#">99483</a>
<a href="#">#63</a>	Search #18 and #62	<a href="#">186</a>
<a href="#">#64</a>	Search "Medical Indigency"[Mesh]	<a href="#">3433</a>
<a href="#">#65</a>	Search #18 and #64	<a href="#">1</a>
<a href="#">#66</a>	Search "Program Development"[Mesh]	<a href="#">18203</a>
<a href="#">#67</a>	Search #18 and #66	<a href="#">54</a>
<a href="#">#68</a>	Search "medication possession ratio" OR "medication possession ratios" OR MPR	<a href="#">1928</a>
<a href="#">#69</a>	Search #18 and #68	<a href="#">39</a>
<a href="#">#70</a>	Search "Pharmacy Service, Hospital"[Mesh]	<a href="#">9015</a>
<a href="#">#71</a>	Search #18 and #70	<a href="#">24</a>
<a href="#">#72</a>	Search "prescribing pattern" OR "prescribing patterns"	<a href="#">1392</a>
<a href="#">#73</a>	Search #18 and #72	<a href="#">6</a>
<a href="#">#74</a>	Search "Medicaid"[Mesh]	<a href="#">16680</a>
<a href="#">#75</a>	Search #18 and #74	<a href="#">19</a>
<a href="#">#76</a>	Search "Treatment Refusal"[Mesh]	<a href="#">9644</a>

Search	Most Recent Queries	Result
<a href="#">#77</a>	Search #18 and #76	<a href="#">123</a>
<a href="#">#78</a>	Search "Polypharmacy"[Mesh]	<a href="#">1523</a>
<a href="#">#79</a>	Search #18 and #78	<a href="#">19</a>
<a href="#">#80</a>	Search "Drug Combinations"[Mesh]	<a href="#">52143</a>
<a href="#">#81</a>	Search #18 and #80	<a href="#">34</a>
<a href="#">#82</a>	Search "Drug Packaging"[Mesh]	<a href="#">8342</a>
<a href="#">#83</a>	Search #18 and #82	<a href="#">35</a>
<a href="#">#84</a>	Search "Disease Management"[Mesh]	<a href="#">7390</a>
<a href="#">#85</a>	Search #18 and #84	<a href="#">64</a>
<a href="#">#86</a>	Search "Drug Administration Schedule"[Mesh]	<a href="#">75117</a>
<a href="#">#87</a>	Search #18 and #86	<a href="#">188</a>
<a href="#">#88</a>	Search "Managed Care Programs"[Mesh]	<a href="#">37687</a>
<a href="#">#89</a>	Search #18 and #88	<a href="#">91</a>
<a href="#">#90</a>	Search "Health Maintenance Organizations/organization and administration"[Mesh]	<a href="#">9938</a>
<a href="#">#91</a>	Search #18 and #90	<a href="#">23</a>
<a href="#">#92</a>	Search "Primary Health Care/economics"[Mesh]	<a href="#">3422</a>
<a href="#">#93</a>	Search #18 and #92	<a href="#">18</a>
<a href="#">#94</a>	Search "Primary Health Care/organization and administration"[Mesh]	<a href="#">25797</a>
<a href="#">#95</a>	Search #18 and #94	<a href="#">117</a>
<a href="#">#96</a>	Search #20 or #22 or #24 or #26 or #28 or #30 or #32 or #34 or #36 or #38 or #40 or #42 or #47 or #49 or #51 or #53 or #55 or #57 or #59 or #61 or #63 or #65 or #67 or #69 or #71 or #73 or #75 or #77 or #79 or #81 or #83 or #85 or #87 or #89 or #91 or #93 or #95	<a href="#">1064</a>

## April 25, 2011. Wiley interface of the Cochrane Library.

This search covers both main RCT and policy searches, it is not limited to interventions or study types. Date range: 1994-2011. 5,810 results, 38 of which were Cochrane Reviews (1 duplicate); 17 were technical assessments; 54 records were imported to the database.

### Search History

ID	Search	Hits
#1	<a href="#">MeSH descriptor Patient Compliance explode all trees</a>	<a href="#">7068</a>
#2	<a href="#">"medication compliance":ti or "medication compliance":ab</a>	<a href="#">251</a>
#3	<a href="#">"medication persistence":ti or "medication persistence":ab</a>	<a href="#">6</a>
#4	<a href="#">"medication reconciliation":ti and "medication reconciliation":ab</a>	<a href="#">3</a>
#5	<a href="#">"patient compliance":ti</a>	<a href="#">122</a>
#6	<a href="#">(#1 OR #2 OR #3 OR #4 OR #5)</a>	<a href="#">7258</a>
#7	<a href="#">(#6), from 1994 to 2011</a>	<a href="#">5810</a>

## **Appendix B. Abstract and Full Text Forms**

## Appendix B. Abstract and Full Text Forms

The following are lists of fields used in the abstract and full text review forms. Please see the Evidence Tables (Appendix D) for fields used in the data abstraction forms.

Reviewers were asked to complete the following fields for screening abstracts for inclusion:

Reviewer
REF ID
Author
Year
Title
Abstract
Include
Exclude (check the box below and then check the box to the right that indicates your first reason for exclusion)
Wrong publication type (e.g. editorials, letters, non-systematic reviews, case-reports, case series)
Wrong country
Wrong Intervention
Wrong study design
Wrong population
No /wrong comparison
Wrong outcome
Wrong Setting
Other (please write in specific reason)
Comments: Please include a comment if you included an abstract, but did so do to a lack of clarity within the abstract. Explain why you think the FT will reveal that the study should be excluded.

Reviewers were asked to consider and complete the following fields when reviewing full texts for inclusion:

Reviewer
Ref ID
Authors
Year
Title
Include?
Exclude?
If Exclude, select most significant reason for exclusion from ordered list. (list of options is provided below) If Other, note reason in next column.
If Exclude Reason is Other, please explain
If Include, is medication adherence SOLELY self-reported? Y or N
If Include AND country is non-US, please write country name
If Include, KQ1a?
If Include for KQ1a: Did study improve Med Adh?
If study improved Med Adh AND KQ1a include: Include for KQ1b?
If Include, KQ2a?
If Include for KQ2a: Did study improve Med Adh?
If study improved Med Adh AND KQ2a include: Include for KQ2b?
If Include, KQ3?
If Include, KQ4?
If Include, KQ5?
If Pilot Study add citation
Other Comments

FT Exclude Reasons (choices provided in drop down list)

Intervention not Med Ad related
No Intervention
No Med Ad outcomes
Ineligible Population
Ineligible Study Design
Pilot Study (add citation)
Ineligible Setting
Ineligible Comparator
Sample Size < 40
Ineligible Publication Type
Other (add comment)

## **Appendix C. Excluded Studies**

## Appendix C. Excluded Studies

Studies excluded at the full text level.

The list below includes 543 studies excluded at the full text level for the following reasons:

X1: Intervention not related to medication adherence

X2: No intervention

X3: Non-US

X4: Infectious conditions, HIV-related, mental illness involving psychosis, sub abuse

X5: Ineligible study design

X6: Ineligible setting

X7: Ineligible comparator

X8: Sample size <40

X9: Ineligible publication type

X12 No medication adherence outcomes

X13 Ineligible population

X14 Ineligible systematic review

Studies excluded for high risk of bias (N = 20) are listed in Appendix E.

	Excluded Study	Reason
1	Implementation of treatment protocols in the Diabetes Control and Complications Trial. Diabetes Care. 1995 Mar;18(3):361-76. PMID: 7555480.	X1
2	Testing combined pharmacotherapies and behavioral interventions for alcohol dependence (the COMBINE study): a pilot feasibility study. Alcohol Clin Exp Res. 2003 Jul;27(7):1123-31. PMID: 12878918.	X13
3	Abrahams N, Jewkes R, Lombard C, et al. Impact of telephonic psycho-social support on adherence to post-exposure prophylaxis (PEP) after rape. AIDS Care. 2010 Oct;22(10):1173-81. PMID: 20640949.	X3
4	Abraira C, Colwell JA, Nuttall FQ, et al. Veterans Affairs Cooperative Study on glycemic control and complications in type II diabetes (VA CSDM). Results of the feasibility trial. Veterans Affairs Cooperative Study in Type II Diabetes. Diabetes Care. 1995 Aug;18(8):1113-23. PMID: 7587846.	X1
5	Adler DA, Bungay KM, Wilson IB, et al. The impact of a pharmacist intervention on 6-month outcomes in depressed primary care patients. Gen Hosp Psychiatry. 2004 May-Jun;26(3):199-209. PMID: 15121348.	X12
6	Akerblad AC, Bengtsson F, Ekselius L, et al. Effects of an educational compliance enhancement programme and therapeutic drug monitoring on treatment adherence in depressed patients managed by general practitioners. Int Clin Psychopharmacol. 2003 Nov;18(6):347-54. PMID: 14571155.	X3
7	Al-aaeel S, Al-sabhan J. Strategies for improving adherence to antiepileptic drug treatment in patients with epilepsy. Cochrane Database of Systematic Reviews. 2011(1)PMID: CD008312.	X14

	Excluded Study	Reason
8	Al-Eidan FA, McElnay JC, Scott MG, et al. Management of Helicobacter pylori eradication--the influence of structured counselling and follow-up. Br J Clin Pharmacol. 2002 Feb;53(2):163-71. PMID: 11851640.	X3
9	Al-Rashed SA, Wright DJ, Roebuck N, et al. The value of inpatient pharmaceutical counselling to elderly patients prior to discharge. Br J Clin Pharmacol. 2002 Dec;54(6):657-64. PMID: 12492615.	X3
10	Altice FL, Maru DS, Bruce RD, et al. Superiority of directly administered antiretroviral therapy over self-administered therapy among HIV-infected drug users: a prospective, randomized, controlled trial. Clin Infect Dis. 2007 Sep 15;45(6):770-8. PMID: 17712763.	X4
11	Altice FL, Mezger JA, Hodges J, et al. Developing a directly administered antiretroviral therapy intervention for HIV-infected drug users: implications for program replication. Clin Infect Dis. 2004 Jun 1;38 Suppl 5:S376-87. PMID: 15156426.	X4
12	Aminzadeh F. Adherence to recommendations of community-based comprehensive geriatric assessment programmes. Age Ageing. 2000 Sep;29(5):401-7. PMID: 11108411.	X12
13	Anastasio GD, Little JM, Jr., Robinson MD, et al. Impact of compliance and side effects on the clinical outcome of patients treated with oral erythromycin. Pharmacotherapy. 1994 Mar-Apr;14(2):229-34. PMID: 8197045.	X1
14	Andersen BL, Farrar WB, Golden-Kreutz DM, et al. Psychological, behavioral, and immune changes after a psychological intervention: a clinical trial. J Clin Oncol. 2004 Sep 1;22(17):3570-80. PMID: 15337807.	X13
15	Andersen BL, Yang HC, Farrar WB, et al. Psychologic intervention improves survival for breast cancer patients: a randomized clinical trial. Cancer. 2008/11/19 ed; 2008. p. 3450-8.	X1
16	Andrejak M, Genes N, Vaur L, et al. Electronic pill-boxes in the evaluation of antihypertensive treatment compliance: comparison of once daily versus twice daily regimen. Am J Hypertens. 2000 Feb;13(2):184-90. PMID: 10701819.	X3
17	Anton RF, Moak DH, Waid LR, et al. Naltrexone and cognitive behavioral therapy for the treatment of outpatient alcoholics: results of a placebo-controlled trial. Am J Psychiatry. 1999 Nov;156(11):1758-64. PMID: 10553740.	X4
18	Antonicelli R, Mazzanti I, Abbatecola AM, et al. Impact of home patient telemonitoring on use of beta-blockers in congestive heart failure. Drugs Aging. 2010 Oct 1;27(10):801-5. PMID: 20883060.	X12
19	Aubert RE, Fulop G, Xia F, et al. Evaluation of a depression health management program to improve outcomes in first or recurrent episode depression. Am J Manag Care. 2003 May;9(5):374-80. PMID: 12744299.	X5
20	Audet MC, Moreau M, Koltun WD, et al. Evaluation of contraceptive efficacy and cycle control of a transdermal contraceptive patch vs an oral contraceptive: a randomized controlled trial. JAMA. 2001 May 9;285(18):2347-54. PMID: 11343482.	X1
21	Babarykin D, Adamsone I, Amerika D, et al. Calcium-enriched bread for treatment of uremic hyperphosphatemia. J Ren Nutr. 2004 Jul;14(3):149-56. PMID: 15232793.	X1

	Excluded Study	Reason
22	Ball JR, Mitchell PB, Corry JC, et al. A randomized controlled trial of cognitive therapy for bipolar disorder: focus on long-term change. <i>J Clin Psychiatry</i> . 2006 Feb;67(2):277-86. PMID: 16566624.	X4
23	Bambauer KZ, Adams AS, Zhang F, et al. Physician alerts to increase antidepressant adherence: fax or fiction? <i>Arch Intern Med</i> . 2006 Mar 13;166(5):498-504. PMID: 16534035.	X5
24	Bara-Carril N, Williams CJ, Pombo-Carril MG, et al. A preliminary investigation into the feasibility and efficacy of a CD-ROM-based cognitive-behavioral self-help intervention for bulimia nervosa. <i>Int J Eat Disord</i> . 2004 May;35(4):538-48. PMID: 15101069.	X1
25	Barnett PG, Sorensen JL, Wong W, et al. Effect of incentives for medication adherence on health care use and costs in methadone patients with HIV. <i>Drug Alcohol Depend</i> . 2009 Feb 1;100(1-2):115-21. PMID: 19054631.	X4
26	Barrett B, Brown R, Rakel D, et al. Echinacea for treating the common cold: a randomized trial. <i>Ann Intern Med</i> . 2010 Dec 21;153(12):769-77. PMID: 21173411.	X1
27	Barron TI, Bennett K, Feely J. A competing risks prescription refill model of compliance and persistence. <i>Value Health</i> . 2010 Sep-Oct;13(6):796-804. PMID: 20561329.	X2
28	Barrowclough C, Haddock G, Wykes T, et al. Integrated motivational interviewing and cognitive behavioural therapy for people with psychosis and comorbid substance misuse: randomised controlled trial. <i>BMJ</i> . 2010;341:c6325. PMID: 21106618.	X1
29	Beaucage K, Lachance-Demers H, Ngo TT, et al. Telephone follow-up of patients receiving antibiotic prescriptions from community pharmacies. <i>Am J Health Syst Pharm</i> . 2006 Mar 15;63(6):557-63. PMID: 16522892.	X3
30	Bennett H, Laird K, Margolius D, et al. The effectiveness of health coaching, home blood pressure monitoring, and home-titration in controlling hypertension among low-income patients: protocol for a randomized controlled trial. <i>BMC Public Health</i> . 2009;9:456. PMID: 20003300.	X12
31	Bentz L, Enel P, Dunais B, et al. Evaluating counseling outcome on adherence to prophylaxis and follow-up after sexual HIV-risk exposure: a randomized controlled trial. <i>AIDS Care</i> . 2010 Dec;22(12):1509-16. PMID: 20824548.	X3
32	Berg J, Dunbar-Jacob J, Rohay JM. Compliance with inhaled medications: the relationship between diary and electronic monitor. <i>Ann Behav Med</i> . 1998 Winter;20(1):36-8. PMID: 9755350.	X1
33	Berg KM, Mouriz J, Li X, et al. Rationale, design, and sample characteristics of a randomized controlled trial of directly observed antiretroviral therapy delivered in methadone clinics. <i>Contemp Clin Trials</i> . 2009/06/10 ed; 2009. p. 481-9.	X12
34	Berger S, Schad T, von Wyl V, et al. Effects of cognitive behavioral stress management on HIV-1 RNA, CD4 cell counts and psychosocial parameters of HIV-infected persons. <i>AIDS</i> . 2008 Mar 30;22(6):767-75. PMID: 18356607.	X3
35	Berkowitz K, Peters R, Kjos SL, et al. Effect of troglitazone on insulin sensitivity and pancreatic beta-cell function in women at high risk for NIDDM. <i>Diabetes</i> . 1996 Nov;45(11):1572-9. PMID: 8866563.	X1

	Excluded Study	Reason
36	Berrien VM, Salazar JC, Reynolds E, et al. Adherence to antiretroviral therapy in HIV-infected pediatric patients improves with home-based intensive nursing intervention. <i>AIDS Patient Care STDS</i> . 2004 Jun;18(6):355-63. PMID: 15294086.	X13
37	Billault B, Degoulet P, Devries C, et al. Use of a standardized personal medical record by patients with hypertension: a randomized controlled prospective trial. <i>MD Comput</i> . 1995 Jan-Feb;12(1):31-5. PMID: 7854076.	X3
38	Bocchi EA, Cruz F, Guimaraes G, et al. Long-term prospective, randomized, controlled study using repetitive education at six-month intervals and monitoring for adherence in heart failure outpatients: the REMADHE trial. <i>Circ Heart Fail</i> . 2008 Jul;1(2):115-24. PMID: 19808281.	X3
39	Boissel JP, Meillard O, Perrin-Fayolle E, et al. Comparison between a bid and a tid regimen: improved compliance with no improved antihypertensive effect. The EOL Research Group. <i>Eur J Clin Pharmacol</i> . 1996;50(1-2):63-7. PMID: 8739813.	X3
40	Borah B, Sacco P, Zarotsky V. Predictors of adherence among Alzheimer's disease patients receiving oral therapy. <i>Curr Med Res Opin</i> . 2010 Aug;26(8):1957-65. PMID: 20569067.	X4
41	Bosch-Capblanch X, Abba K, Prictor M, et al. Contracts between patients and healthcare practitioners for improving patients' adherence to treatment, prevention and health promotion activities. <i>Cochrane Database of Systematic Reviews</i> . 2007(2)PMID: CD004808.	X14
42	Bosworth HB, Olsen MK, Grubber JM, et al. Two self-management interventions to improve hypertension control: a randomized trial. <i>Ann Intern Med</i> . 2009 Nov 17;151(10):687-95. PMID: 19920269.	X12
43	Boudreau DM, Capoccia KL, Sullivan SD, et al. Collaborative care model to improve outcomes in major depression. <i>Ann Pharmacother</i> . 2002 Apr;36(4):585-91. PMID: 11918503.	X9
44	Bradley-Ewing A, Thomson D, Pinkston M, et al. A qualitative examination of the indirect effects of modified directly observed therapy on health behaviors other than adherence. <i>AIDS Patient Care STDS</i> . 2008 Aug;22(8):663-8. PMID: 18627279.	X5
45	Braun E, Baidusi A, Alroy G, et al. Telephone follow-up improves patients satisfaction following hospital discharge. <i>Eur J Intern Med</i> . 2009 Mar;20(2):221-5. PMID: 19327616.	X3
46	Braverman J, Dedier J. Predictors of medication adherence for African American patients diagnosed with hypertension. <i>Ethn Dis</i> . 2009 Autumn;19(4):396-400. PMID: 20073139.	X5
47	Bright JI, Baker KD, Neimeyer RA. Professional and paraprofessional group treatments for depression: a comparison of cognitive-behavioral and mutual support interventions. <i>J Consult Clin Psychol</i> . 1999 Aug;67(4):491-501. PMID: 10450619.	X1
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114	Dunbar-Jacob J, Sereika SM, Foley SM, et al. Adherence to oral therapies in pelvic inflammatory disease. <i>J Womens Health (Larchmt)</i> . 2004 Apr;13(3):285-91. PMID: 15130257.	X4
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118	Edworthy SM, Devins GM. Improving medication adherence through patient education distinguishing between appropriate and inappropriate utilization. <i>Patient Education Study Group. J Rheumatol</i> . 1999 Aug;26(8):1793-801. PMID: 10451079.	X3
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123	Eussen SR, van der Elst ME, Klungel OH, et al. A pharmaceutical care program to improve adherence to statin therapy: a randomized controlled trial. <i>Ann Pharmacother</i> . 2010 Dec;44(12):1905-13. PMID: 21119098.	X3
124	Fabacher D, Josephson K, Pietruszka F, et al. An in-home preventive assessment program for independent older adults: a randomized controlled trial. <i>J Am Geriatr Soc</i> . 1994 Jun;42(6):630-8. PMID: 8201149.	X12
125	Fairley CK, Levy R, Rayner CR, et al. Randomized trial of an adherence programme for clients with HIV. <i>Int J STD AIDS</i> . 2003 Dec;14(12):805-9. PMID: 14678587.	X4
126	Fallab-Stubi CL, Zellweger JP, Sauty A, et al. Electronic monitoring of adherence to treatment in the preventive chemotherapy of tuberculosis. <i>Int J Tuberc Lung Dis</i> . 1998 Jul;2(7):525-30. PMID: 9661817.	X5
127	Farmer AJ, Wade AN, French DP, et al. Blood glucose self-monitoring in type 2 diabetes: a randomised controlled trial. <i>Health Technol Assess</i> . 2009 Feb;13(15):iii-iv, ix-xi, 1-50. PMID: 19254484.	X3
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131	Fife KH, Barbarash RA, Rudolph T, et al. Valaciclovir versus acyclovir in the treatment of first-episode genital herpes infection. Results of an international, multicenter, double-blind, randomized clinical trial. The Valaciclovir International Herpes Simplex Virus Study Group. <i>Sex Transm Dis</i> . 1997 Sep;24(8):481-6. PMID: 9293612.	X4
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134	Flandre P, Peytavin G, Meiffredy V, et al. Adherence to antiretroviral therapy and outcomes in HIV-infected patients enrolled in an induction/maintenance randomized trial. <i>Antivir Ther</i> . 2002 Jun;7(2):113-21. PMID: 12212923.	X4

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136	Fogel NR, Weissberg-Benchell J. Preventing poor psychological and health outcomes in pediatric type 1 diabetes. <i>Curr Diab Rep</i> . 2010 Dec;10(6):436-43. PMID: 20835901.	X13
137	Fonarow GC, Albert NM, Curtis AB, et al. Improving evidence-based care for heart failure in outpatient cardiology practices: primary results of the Registry to Improve the Use of Evidence-Based Heart Failure Therapies in the Outpatient Setting (IMPROVE HF). <i>Circulation</i> . 2010 Aug 10;122(6):585-96. PMID: 20660805.	X1
138	Fox PJ, Breuer W, Wright JA. Effects of a health promotion program on sustaining health behaviors in older adults. <i>Am J Prev Med</i> . 1997 Jul-Aug;13(4):257-64. PMID: 9236961.	X1
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140	Fumaz CR, Tuldra A, Ferrer MJ, et al. Quality of life, emotional status, and adherence of HIV-1-infected patients treated with efavirenz versus protease inhibitor-containing regimens. <i>J Acquir Immune Defic Syndr</i> . 2002 Mar 1;29(3):244-53. PMID: 11873073.	X4
141	Fungladda W, Honrado ER, Thimasarn K, et al. Compliance with artesunate and quinine + tetracycline treatment of uncomplicated falciparum malaria in Thailand. <i>Bull World Health Organ</i> . 1998;76 Suppl 1:59-66. PMID: 9763724.	X3
142	Galan P, Kesse-Guyot E, Czernichow S, et al. Effects of B vitamins and omega 3 fatty acids on cardiovascular diseases: a randomised placebo controlled trial. <i>BMJ</i> . 2010;341:c6273. PMID: 21115589.	X1
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148	Gazmararian J, Jacobson KL, Pan Y, et al. Effect of a pharmacy-based health literacy intervention and patient characteristics on medication refill adherence in an urban health	X5

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149	Gensichen J, von Korff M, Peitz M, et al. Case management for depression by health care assistants in small primary care practices: a cluster randomized trial. <i>Ann Intern Med</i> . 2009 Sep 15;151(6):369-78. PMID: 19755362.	X3
150	George J, Elliott RA, Stewart DC. A systematic review of interventions to improve medication taking in elderly patients prescribed multiple medications. <i>Drugs Aging</i> . 2008;25(4):307-24. PMID: 18361541.	X3
151	Gibson TB, Mark TL, Axelsen K, et al. Impact of statin copayments on adherence and medical care utilization and expenditures. <i>Am J Manag Care</i> . 2006 Dec;12 Spec no.:SP11-9. PMID: 17173486.	X2
152	Gibson TB, Song X, Alemayehu B, et al. Cost sharing, adherence, and health outcomes in patients with diabetes. <i>Am J Manag Care</i> . 2010 Aug;16(8):589-600. PMID: 20712392.	X5
153	Gilliam M, Knight S, McCarthy M, Jr. Success with oral contraceptives: a pilot study. <i>Contraception</i> . 2004 May;69(5):413-8. PMID: 15105065.	X13
154	Gilutz H, Novack L, Shvartzman P, et al. Computerized community cholesterol control (4C): meeting the challenge of secondary prevention. <i>Isr Med Assoc J</i> . 2009 Jan;11(1):23-9. PMID: 19344008.	X1
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162	Goodyer LI, Miskelly F, Milligan P. Does encouraging good compliance improve patients' clinical condition in heart failure? <i>Br J Clin Pract.</i> 1995 Jul-Aug;49(4):173-6. PMID: 7547154.	X3
163	Goujard C, Bernard N, Sohier N, et al. Impact of a patient education program on adherence to HIV medication: a randomized clinical trial. <i>J Acquir Immune Defic Syndr.</i> 2003 Oct 1;34(2):191-4. PMID: 14526208.	X3
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165	Gray Trish A, Orton Lois C, Henson D, et al. Interventions for improving adherence to ocular hypotensive therapy. <i>Cochrane Database of Systematic Reviews.</i> 2009(2) PMID: CD006132.	X14
166	Graziano JA, Gross CR. The effects of isolated telephone interventions on glycemic control in type 2 diabetes: a literature review. <i>ANS Adv Nurs Sci.</i> 2009 Jul-Sep;32(3):E28-41. PMID: 19707085.	X12
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168	Grosset KA, Bone I, Reid JL, et al. Measuring therapy adherence in Parkinson's disease: a comparison of methods. <i>J Neurol Neurosurg Psychiatry.</i> 2006 Feb;77(2):249-51. PMID: 16421131.	X3
169	Grosset KA, Grosset DG. Effect of educational intervention on medication timing in Parkinson's disease: a randomized controlled trial. <i>BMC Neurol.</i> 2007;7:20. PMID: 17634109.	X3
170	Guerci B, Drouin P, Grange V, et al. Self-monitoring of blood glucose significantly improves metabolic control in patients with type 2 diabetes mellitus: the Auto-Surveillance Intervention Active (ASIA) study. <i>Diabetes Metab.</i> 2003 Dec;29(6):587-94. PMID: 14707887.	X1
171	Gump BB, Matthews KA. Special intervention reduces CVD mortality for adherent participants in the multiple risk factor intervention trial. <i>Ann Behav Med.</i> 2003 Aug;26(1):61-8. PMID: 12867355.	X1
172	Guo X, Zhai J, Liu Z, et al. Effect of antipsychotic medication alone vs combined with psychosocial intervention on outcomes of early-stage schizophrenia: A randomized, 1-year study. <i>Arch Gen Psychiatry.</i> 2010 Sep;67(9):895-904. PMID: 20819983.	X3
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174	Hall H, Papas A, Tosi M, et al. Directional changes in neutrophil adherence following passive resting versus active imagery. <i>Int J Neurosci.</i> 1996 Apr;85(3-4):185-94. PMID: 8734558.	X8
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179	Harris SB, Leiter LA, Webster-Bogaert S, et al. Teleconferenced educational detailing: diabetes education for primary care physicians. J Contin Educ Health Prof. 2005 Spring;25(2):87-97. PMID: 16078807.	X1
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182	Haynes RB, Ackloo E, Sahota N, et al. Interventions for enhancing medication adherence. Cochrane Database of Systematic Reviews. 2008(2)PMID: CD000011.	X14
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184	Hedrick SC, Chaney EF, Felker B, et al. Effectiveness of collaborative care depression treatment in Veterans' Affairs primary care. J Gen Intern Med. 2003 Jan;18(1):9-16. PMID: 12534758.	X1
185	Heffner JL, Tran GQ, Johnson CS, et al. Combining motivational interviewing with compliance enhancement therapy (MI-CET): development and preliminary evaluation of a new, manual-guided psychosocial adjunct to alcohol-dependence pharmacotherapy. J Stud Alcohol Drugs. 2010 Jan;71(1):61-70. PMID: 20105415.	X1
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187	Hirsch JD, Rosenquist A, Best BM, et al. Evaluation of the first year of a pilot program in community pharmacy: HIV/AIDS medication therapy management for Medi-Cal beneficiaries. J Manag Care Pharm. 2009 Jan-Feb;15(1):32-41. PMID: 19125548.	X4
188	Holzemer WL, Bakken S, Portillo CJ, et al. Testing a nurse-tailored HIV medication adherence intervention. Nurs Res. 2006 May-Jun;55(3):189-97. PMID: 16708043.	X4
189	Homer D, Nightingale P, Jobanputra P. Providing patients with information about disease-modifying anti-rheumatic drugs: Individually or in groups? A pilot randomized controlled trial comparing adherence and satisfaction. Musculoskeletal Care. 2009 Jun;7(2):78-92. PMID: 18792423.	X3

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191	Hornung WP, Kieserg A, Feldmann R, et al. Psychoeducational training for schizophrenic patients: background, procedure and empirical findings. <i>Patient Educ Couns.</i> 1996 Dec;29(3):257-68. PMID: 9006241.	X4
192	Hornung WP, Klingberg S, Feldmann R, et al. Collaboration with drug treatment by schizophrenic patients with and without psychoeducational training: results of a 1-year follow-up. <i>Acta Psychiatr Scand.</i> 1998 Mar;97(3):213-9. PMID: 9543310.	X4
193	Hou MY, Hurwitz S, Kavanagh E, et al. Using daily text-message reminders to improve adherence with oral contraceptives: a randomized controlled trial. <i>Obstet Gynecol.</i> 2010 Sep;116(3):633-40. PMID: 20733446.	X13
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196	Hulse GK, Ngo HT, Tait RJ. Risk factors for craving and relapse in heroin users treated with oral or implant naltrexone. <i>Biol Psychiatry.</i> 2010 Aug 1;68(3):296-302. PMID: 20537615.	X12
197	Huskamp HA, Deverka PA, Landrum MB, et al. The effect of three-tier formulary adoption on medication continuation and spending among elderly retirees. <i>Health Serv Res.</i> 2007 Oct;42(5):1926-42. PMID: 17850526.	X1
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199	Ingersoll KS, Cropsey KL, Heckman CJ. A test of motivational plus nicotine replacement interventions for HIV positive smokers. <i>AIDS Behav.</i> 2009 Jun;13(3):545-54. PMID: 18066659.	X1
200	Ironson G, Weiss S, Lydston D, et al. The impact of improved self-efficacy on HIV viral load and distress in culturally diverse women living with AIDS: the SMART/EST Women's Project. <i>AIDS Care.</i> 2005 Feb;17(2):222-36. PMID: 15763716.	X12
201	Jackson C, Lawton RJ, Raynor DK, et al. Promoting adherence to antibiotics: a test of implementation intentions. <i>Patient Educ Couns.</i> 2006 May;61(2):212-8. PMID: 15993559.	X4
202	Jameson JP, Baty PJ. Pharmacist collaborative management of poorly controlled diabetes mellitus: a randomized controlled trial. <i>Am J Manag Care.</i> 2010 Apr;16(4):250-5. PMID: 20394460.	X1
203	Jamison RN, Ross EL, Michna E, et al. Substance misuse treatment for high-risk chronic pain patients on opioid therapy: a randomized trial. <i>Pain.</i> 2010 Sep;150(3):390-400. PMID: 20334973.	X1

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204	Janssen MJ, van der Kuy A, ter Wee PM, et al. Aluminum hydroxide, calcium carbonate and calcium acetate in chronic intermittent hemodialysis patients. Clin Nephrol. 1996 Feb;45(2):111-9. PMID: 8846523.	X3
205	Javanbakht M, Prosser P, Grimes T, et al. Efficacy of an individualized adherence support program with contingent reinforcement among nonadherent HIV-positive patients: results from a randomized trial. J Int Assoc Physicians AIDS Care (Chic). 2006 Dec;5(4):143-50. PMID: 17101806.	X12
206	Johnson BA, Ait-Daoud N, Aubin HJ, et al. A pilot evaluation of the safety and tolerability of repeat dose administration of long-acting injectable naltrexone (Vivitrex) in patients with alcohol dependence. Alcohol Clin Exp Res. 2004 Sep;28(9):1356-61. PMID: 15365306.	X8
207	Johnson CJ, Heckman TG, Hansen NB, et al. Adherence to antiretroviral medication in older adults living with HIV/AIDS: a comparison of alternative models. AIDS Care. 2009 May;21(5):541-51. PMID: 19444661.	X1
208	Johnson KA, Chen S, Cheng IN, et al. The impact of clinical pharmacy services integrated into medical homes on diabetes-related clinical outcomes. Ann Pharmacother. 2010 Dec;44(12):1877-86. PMID: 21119101.	X1
209	Johnson MO, Charlebois E, Morin SF, et al. Effects of a behavioral intervention on antiretroviral medication adherence among people living with HIV: the healthy living project randomized controlled study. J Acquir Immune Defic Syndr. 2007 Dec 15;46(5):574-80. PMID: 18193499.	X4
210	Johnson MO, Gamarel KE, Dawson Rose C. Changing HIV treatment expectancies: a pilot study. AIDS Care. 2006 Aug;18(6):550-3. PMID: 16831781.	X8
211	Jones DL, Ishii M, LaPerriere A, et al. Influencing medication adherence among women with AIDS. AIDS Care. 2003 Aug;15(4):463-74. PMID: 14509861.	X4
212	Joos SK, Hickam DH, Gordon GH, et al. Effects of a physician communication intervention on patient care outcomes. J Gen Intern Med. 1996 Mar;11(3):147-55. PMID: 8667091.	X5
213	Jorgensen P, Nordentoft M, Abel MB, et al. Early detection and assertive community treatment of young psychotics: the Opus Study Rationale and design of the trial. Soc Psychiatry Psychiatr Epidemiol. 2000 Jul;35(7):283-7. PMID: 11016522.	X12
214	Kaboli P, Hoth A, Carter BL, et al. The VA Enhanced Pharmacy Outpatient Clinic (EPOC) Study: A randomized-controlled pharmacist-physician intervention trial. J Gen Intern Med. 2004 Apr;19(Suppl 1):227.	X9
215	Kalichman SC, Cherry C, Kalichman MO, et al. Integrated behavioral intervention to improve HIV/AIDS treatment adherence and reduce HIV transmission. Am J Public Health. 2011 Mar;101(3):531-8. PMID: 21233431.	X4
216	Kalsekar I, Iyer S, Mody R, et al. Utilization and costs for compliant patients initiating therapy with pioglitazone or rosiglitazone versus insulin in a Medicaid fee-for-service population. J Manag Care Pharm. 2006 Mar;12(2):121-9. PMID: 16515370.	X5
217	Kaplan B, Mason NA, Shimp LA, et al. Chronic hemodialysis patients. Part I: Characterization and drug-related problems. Ann Pharmacother. 1994 Mar;28(3):316-9. PMID: 8193416.	X8

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219	Kastrissios H, Suarez JR, Hammer S, et al. The extent of non-adherence in a large AIDS clinical trial using plasma dideoxynucleoside concentrations as a marker. <i>AIDS</i> . 1998 Dec 3;12(17):2305-11. PMID: 9863873.	X4
220	Katlama C, Fenske S, Gazzard B, et al. TRIZAL study: switching from successful HAART to Trizivir (abacavir-lamivudine-zidovudine combination tablet): 48 weeks efficacy, safety and adherence results. <i>HIV Med</i> . 2003 Apr;4(2):79-86. PMID: 12702127.	X4
221	Kato PM, Cole SW, Bradlyn AS, et al. A video game improves behavioral outcomes in adolescents and young adults with cancer: a randomized trial. <i>Pediatrics</i> . 2008 Aug;122(2):e305-17. PMID: 18676516.	X3
222	Kemp R, David A. Psychological predictors of insight and compliance in psychotic patients. <i>Br J Psychiatry</i> . 1996 Oct;169(4):444-50. PMID: 8894195.	X6
223	Kemp R, Kirov G, Everitt B, et al. Randomised controlled trial of compliance therapy. 18-month follow-up. <i>Br J Psychiatry</i> . 1998 May;172:413-9. PMID: 9747403.	X3
224	Kennedy TM, Chalder T, McCrone P, et al. Cognitive behavioural therapy in addition to antispasmodic therapy for irritable bowel syndrome in primary care: randomised controlled trial. <i>Health Technol Assess</i> . 2006 Jun;10(19):iii-iv, ix-x, 1-67. PMID: 16729918.	X1
225	Kenny AM, Kleppinger A, Annis K, et al. Effects of transdermal testosterone on bone and muscle in older men with low bioavailable testosterone levels, low bone mass, and physical frailty. <i>J Am Geriatr Soc</i> . 2010 Jun;58(6):1134-43. PMID: 20722847.	X1
226	Kenny AM, Mangano KM, Abourizk RH, et al. Soy proteins and isoflavones affect bone mineral density in older women: a randomized controlled trial. <i>Am J Clin Nutr</i> . 2009 Jul;90(1):234-42. PMID: 19474141.	X1
227	Kiarie JN, Kreiss JK, Richardson BA, et al. Compliance with antiretroviral regimens to prevent perinatal HIV-1 transmission in Kenya. <i>AIDS</i> . 2003 Jan 3;17(1):65-71. PMID: 12478070.	X3
228	Kidder DP, Wolitski RJ, Royal S, et al. Access to housing as a structural intervention for homeless and unstably housed people living with HIV: rationale, methods, and implementation of the housing and health study. <i>AIDS Behav</i> . 2007 Nov;11(6 Suppl):149-61. PMID: 17546496.	X12
229	Kim B, Lee SH, Choi TK, et al. Effectiveness of risperidone long-acting injection in first-episode schizophrenia: in naturalistic setting. <i>Prog Neuropsychopharmacol Biol Psychiatry</i> . 2008 Jul 1;32(5):1231-5. PMID: 18442879.	X5
230	Kimmelstiel C, Levine D, Perry K, et al. Randomized, controlled evaluation of short- and long-term benefits of heart failure disease management within a diverse provider network: the SPAN-CHF trial. <i>Circulation</i> . 2004 Sep 14;110(11):1450-5. PMID: 15313938.	X12
231	King AB, Wolfe GS. Evaluation of a diabetes specialist-guided primary care diabetes treatment program. <i>J Am Acad Nurse Pract</i> . 2009 Jan;21(1):24-30. PMID: 19125892.	X12

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233	Ko SH, Song KH, Kim SR, et al. Long-term effects of a structured intensive diabetes education programme (SIDEPE) in patients with Type 2 diabetes mellitus--a 4-year follow-up study. <i>Diabet Med</i> . 2007 Jan;24(1):55-62. PMID: 17227325.	X1
234	Koelling TM, Johnson ML, Cody RJ, et al. Discharge education improves clinical outcomes in patients with chronic heart failure. <i>Circulation</i> . 2005 Jan 18;111(2):179-85. PMID: 15642765.	X12
235	Koenig LJ, Pals SL, Bush T, et al. Randomized controlled trial of an intervention to prevent adherence failure among HIV-infected patients initiating antiretroviral therapy. <i>Health Psychol</i> . 2008 Mar;27(2):159-69. PMID: 18377134.	X4
236	Kotowycz MA, Cosman TL, Tartaglia C, et al. Safety and feasibility of early hospital discharge in ST-segment elevation myocardial infarction--a prospective and randomized trial in low-risk primary percutaneous coronary intervention patients (the Safe-Depart Trial). <i>Am Heart J</i> . 2010 Jan;159(1):117 e1-6. PMID: 20102876.	X1
237	Kozuki Y, Schepp KG. Visual-feedback therapy for antipsychotic medication adherence. <i>Int Clin Psychopharmacol</i> . 2006 Jan;21(1):57-61. PMID: 16317318.	X8
238	Krier BP, Parker RD, Grayson D, et al. Effect of diabetes education on glucose control. <i>J La State Med Soc</i> . 1999 Feb;151(2):86-92. PMID: 11280842.	X1
239	Krueger KP, Felkey BG, Berger BA. Improving adherence and persistence: a review and assessment of interventions and description of steps toward a national adherence initiative. <i>J Am Pharm Assoc</i> (2003). 2003 Nov-Dec;43(6):668-78; quiz 78-9. PMID: 14717263.	X9
240	Kuo S, Burrill J. Differences in antihypertensive compliance by BCBSRI disease and case management intervention group. <i>Med Health R I</i> . 2007 Dec;90(12):381-4. PMID: 18314829.	X5
241	Kurtz S, Shemesh G. The efficacy and safety of once-daily versus once-weekly latanoprost treatment for increased intraocular pressure. <i>J Ocul Pharmacol Ther</i> . 2004 Aug;20(4):321-7. PMID: 15321026.	X8
242	Kutzleb J, Reiner D. The impact of nurse-directed patient education on quality of life and functional capacity in people with heart failure. <i>J Am Acad Nurse Pract</i> . 2006 Mar;18(3):116-23. PMID: 16499744.	X8
243	LaCroix AZ, Kotchen J, Anderson G, et al. Calcium plus vitamin D supplementation and mortality in postmenopausal women: the Women's Health Initiative calcium-vitamin D randomized controlled trial. <i>J Gerontol A Biol Sci Med Sci</i> . 2009 May;64(5):559-67. PMID: 19221190.	X1
244	Lai LL. Community pharmacy-based hypertension disease-management program in a Latino/Hispanic-American population. <i>Consult Pharm</i> . 2007 May;22(5):411-6. PMID: 17658958.	X5
245	Laine L, Connors L, Griffin MR, et al. Prescription rates of protective co-therapy for NSAID users at high GI risk and results of attempts to improve adherence to guidelines. <i>Aliment Pharmacol Ther</i> . 2009 Oct;30(7):767-74. PMID: 19594486.	X1

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246	Lam DH, Watkins ER, Hayward P, et al. A randomized controlled study of cognitive therapy for relapse prevention for bipolar affective disorder: outcome of the first year. Arch Gen Psychiatry. 2003 Feb;60(2):145-52. PMID: 12578431.	X4
247	Lauwo JA, Hombhanje FW, Tulo SP, et al. Impact of pre-packaging antimalarial drugs and counselling on compliance with malaria treatment at Port Moresby General Hospital Adult Outpatient Department. P N G Med J. 2006 Mar-Jun;49(1-2):14-21. PMID: 18396608.	X3
248	Lawrence DB, Allison W, Chen JC, et al. Improving medication adherence with a targeted, technology-driven disease management intervention. Dis Manag. 2008 Jun;11(3):141-4. PMID: 18498220.	X5
249	Lee M, Kemp JA, Canning A, et al. A randomized controlled trial of an enhanced patient compliance program for Helicobacter pylori therapy. Arch Intern Med. 1999 Oct 25;159(19):2312-6. PMID: 10547171.	X4
250	Lee SS, Cheung PY, Chow MS. Benefits of individualized counseling by the pharmacist on the treatment outcomes of hyperlipidemia in Hong Kong. J Clin Pharmacol. 2004 Jun;44(6):632-9. PMID: 15145971.	X3
251	Leenen FH, Wilson TW, Bolli P, et al. Patterns of compliance with once versus twice daily antihypertensive drug therapy in primary care: a randomized clinical trial using electronic monitoring. Can J Cardiol. 1997 Oct;13(10):914-20. PMID: 9374947.	X3
252	Legorreta A, Yu A, Chernicoff H, et al. Adherence to combined Lamivudine + Zidovudine versus individual components: a community-based retrospective medicaid claims analysis. AIDS Care. 2005 Nov;17(8):938-48. PMID: 16176890.	X4
253	Lemstra M, Olszynski WP. The effectiveness of multidisciplinary rehabilitation in the treatment of fibromyalgia: a randomized controlled trial. Clin J Pain. 2005 Mar-Apr;21(2):166-74. PMID: 15722810.	X1
254	Levy RW, Rayner CR, Fairley CK, et al. Multidisciplinary HIV adherence intervention: a randomized study. AIDS Patient Care STDS. 2004 Dec;18(12):728-35. PMID: 15659884.	X4
255	Lewiecki EM, Babbitt AM, Piziak VK, et al. Adherence to and gastrointestinal tolerability of monthly oral or quarterly intravenous ibandronate therapy in women with previous intolerance to oral bisphosphonates: a 12-month, open-label, prospective evaluation. Clin Ther. 2008 Apr;30(4):605-21. PMID: 18498910.	X5
256	Lichtman JH, Amatruda J, Yaari S, et al. Clinical trial of an educational intervention to achieve recommended cholesterol levels in patients with coronary artery disease. Am Heart J. 2004 Mar;147(3):522-8. PMID: 14999204.	X1
257	Liel Y, Castel H, Bonne D. Impact of subsidizing effective anti-osteoporosis drugs on compliance with management guidelines in patients following low-impact fractures. Osteoporos Int. 2003 Jul;14(6):490-5. PMID: 12730761.	X1
258	Lin EH, Simon GE, Katon WJ, et al. Can enhanced acute-phase treatment of depression improve long-term outcomes? A report of randomized trials in primary care. Am J Psychiatry. 1999 Apr;156(4):643-5. PMID: 10200750.	X5
259	Lin EH, Von Korff M, Ludman EJ, et al. Enhancing adherence to prevent depression relapse	X12

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	in primary care. <i>Gen Hosp Psychiatry</i> . 2003 Sep-Oct;25(5):303-10. PMID: 12972220.	
260	Ling W, Casadonte P, Bigelow G, et al. Buprenorphine implants for treatment of opioid dependence: a randomized controlled trial. <i>JAMA</i> . 2010 Oct 13;304(14):1576-83. PMID: 20940383.	X1
261	Linszen D, Lenior M, De Haan L, et al. Early intervention, untreated psychosis and the course of early schizophrenia. <i>Br J Psychiatry Suppl</i> . 1998;172(33):84-9. PMID: 9764132.	X4
262	Lisson GL, Rodrigue JR, Reed AI, et al. A brief psychological intervention to improve adherence following transplantation. <i>Ann Transplant</i> . 2005;10(1):52-7. PMID: 15926754.	X5
263	Liu CF, Hedrick SC, Chaney EF, et al. Cost-effectiveness of collaborative care for depression in a primary care veteran population. <i>Psychiatr Serv</i> . 2003 May;54(5):698-704. PMID: 12719501.	X1
264	Liu Q, Abba K, Alejandria Marissa M, et al. Reminder systems and late patient tracers in the diagnosis and management of tuberculosis. <i>Cochrane Database of Systematic Reviews</i> . 2008(4)PMID: CD006594.	X4
265	Llor C, Hernandez S, Sierra N, et al. Association between use of rapid antigen detection tests and adherence to antibiotics in suspected streptococcal pharyngitis. <i>Scand J Prim Health Care</i> . 2010 Mar;28(1):12-7. PMID: 20201628.	X5
266	Longmire-Avital B, Golub SA, Parsons JT. Self-reevaluation as a critical component in sustained viral load change for HIV+ adults with alcohol problems. <i>Ann Behav Med</i> . 2010 Oct;40(2):176-83. PMID: 20668976.	X4
267	Lopez Cabezas C, Falces Salvador C, Cubi Quadrada D, et al. Randomized clinical trial of a postdischarge pharmaceutical care program vs regular follow-up in patients with heart failure. <i>Farm Hosp</i> . 2006 Nov-Dec;30(6):328-42. PMID: 17298190.	X3
268	Lopez-Vina A, del Castillo-Arevalo E. Influence of peak expiratory flow monitoring on an asthma self-management education programme. <i>Respir Med</i> . 2000 Aug;94(8):760-6. PMID: 10955751.	X3
269	Lowe CJ, Raynor DK, Courtney EA, et al. Effects of self medication programme on knowledge of drugs and compliance with treatment in elderly patients. <i>BMJ</i> . 1995 May 13;310(6989):1229-31. PMID: 7767193.	X3
270	Ma A, Chen DM, Chau FM, et al. Improving adherence and clinical outcomes through an HIV pharmacist's interventions. <i>AIDS Care</i> . 2010 Oct;22(10):1189-94. PMID: 20640958.	X4
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363	Preston KL, Silverman K, Umbricht A, et al. Improvement in naltrexone treatment compliance with contingency management. <i>Drug Alcohol Depend</i> . 1999 Apr 1;54(2):127-35. PMID: 10217552.	X4
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369	Quinn CC, Clough SS, Minor JM, et al. WellDoc mobile diabetes management randomized controlled trial: change in clinical and behavioral outcomes and patient and physician satisfaction. <i>Diabetes Technol Ther</i> . 2008/05/14 ed; 2008. p. 160-8.	X8
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374	Rathbun RC, Farmer KC, Lockhart SM, et al. Validity of a stage of change instrument in assessing medication adherence in indigent patients with HIV infection. Ann Pharmacother. 2007 Feb;41(2):208-14. PMID: 17213294.	X8
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377	Rawson RA, Huber A, McCann M, et al. A comparison of contingency management and cognitive-behavioral approaches during methadone maintenance treatment for cocaine dependence. Arch Gen Psychiatry. 2002 Sep;59(9):817-24. PMID: 12215081.	X12
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379	Remien RH, Stirratt MJ, Dolezal C, et al. Couple-focused support to improve HIV medication adherence: a randomized controlled trial. AIDS. 2005 May 20;19(8):807-14. PMID: 15867495.	X4
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382	Rickles NM, Svarstad BL, Statz-Paynter JL, et al. Improving patient feedback about and outcomes with antidepressant treatment: a study in eight community pharmacies. J Am Pharm Assoc (2003). 2006 Jan-Feb;46(1):25-32. PMID: 16529338.	X5
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461	Sylvestre DL, Clements BJ. Adherence to hepatitis C treatment in recovering heroin users maintained on methadone. <i>Eur J Gastroenterol Hepatol</i> . 2007 Sep;19(9):741-7. PMID: 17700258.	X1
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470	Tierney WM, Overhage JM, Murray MD, et al. Can computer-generated evidence-based care suggestions enhance evidence-based management of asthma and chronic obstructive pulmonary disease? A randomized, controlled trial. Health Serv Res. 2005 Apr;40(2):477-97. PMID: 15762903.	X1
471	Tierney WM, Overhage JM, Murray MD, et al. Effects of computerized guidelines for managing heart disease in primary care. J Gen Intern Med. 2003 Dec;18(12):967-76. PMID: 14687254.	X1
472	Tinoco I, Giron-Gonzalez JA, Gonzalez-Gonzalez MT, et al. Efficacy of directly observed treatment of HIV infection: experience in AIDS welfare homes. Eur J Clin Microbiol Infect Dis. 2004 Apr;23(4):331-5. PMID: 15024621.	X4
473	Toelle B, Ram Felix SF. Written individualised management plans for asthma in children and adults. Cochrane Database of Systematic Reviews. 2004(1)PMID: CD002171.	X14
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476	Trattler W, Noecker RJ, Earl ML. A multicentre evaluation of the effect of patient education on acceptance of hyperaemia associated with bimatoprost therapy for glaucoma or ocular hypertension. Adv Ther. 2008 Mar;25(3):179-89. PMID: 18351298.	X12
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479	Tsuyuki RT, Fradette M, Johnson JA, et al. A multicenter disease management program for hospitalized patients with heart failure. J Card Fail. 2004 Dec;10(6):473-80. PMID: 15599837.	X3
480	Tuldra A, Fumaz CR, Ferrer MJ, et al. Prospective randomized two-Arm controlled study to determine the efficacy of a specific intervention to improve long-term adherence to highly active antiretroviral therapy. J Acquir Immune Defic Syndr. 2000 Nov 1;25(3):221-8. PMID: 11115952.	X3

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483	Turner MO, Taylor D, Bennett R, et al. A randomized trial comparing peak expiratory flow and symptom self-management plans for patients with asthma attending a primary care clinic. <i>Am J Respir Crit Care Med</i> . 1998 Feb;157(2):540-6. PMID: 9476870.	X3
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487	Valenstein M, Copeland LA, Blow FC, et al. Pharmacy data identify poorly adherent patients with schizophrenia at increased risk for admission. <i>Med Care</i> . 2002 Aug;40(8):630-9. PMID: 12187177.	X1
488	van Bastelaar KM, Pouwer F, Cuijpers P, et al. Web-based cognitive behavioural therapy (W-CBT) for diabetes patients with co-morbid depression: design of a randomised controlled trial. <i>BMC Psychiatry</i> . 2008;8:9. PMID: 18284670.	X12
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492	van Grunsven PM, van Schayck CP, van Deuveren M, et al. Compliance during long-term treatment with fluticasone propionate in subjects with early signs of asthma or chronic obstructive pulmonary disease (COPD): results of the Detection, Intervention, and Monitoring Program of COPD and Asthma (DIMCA) Study. <i>J Asthma</i> . 2000 May;37(3):225-34. PMID: 10831147.	X1
493	van Servellen G, Carpio F, Lopez M, et al. Program to enhance health literacy and treatment adherence in low-income HIV-infected Latino men and women. <i>AIDS Patient Care STDS</i> .	X4

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	2003 Nov;17(11):581-94. PMID: 14746666.	
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495	van Steenkiste B, van der Weijden T, Stoffers HE, et al. Improving cardiovascular risk management: a randomized, controlled trial on the effect of a decision support tool for patients and physicians. <i>Eur J Cardiovasc Prev Rehabil</i> . 2007 Feb;14(1):44-50. PMID: 17301626.	X1
496	Vanky E, Stridsklev S, Heimstad R, et al. Metformin versus placebo from first trimester to delivery in polycystic ovary syndrome: a randomized, controlled multicenter study. <i>J Clin Endocrinol Metab</i> . 2010 Dec;95(12):E448-55. PMID: 20926533.	X1
497	Varkey P, Cunningham J, Bisping DS. Improving medication reconciliation in the outpatient setting. <i>Jt Comm J Qual Patient Saf</i> . 2007 May;33(5):286-92. PMID: 17503684.	X1
498	Varma S, McElnay JC, Hughes CM, et al. Pharmaceutical care of patients with congestive heart failure: interventions and outcomes. <i>Pharmacotherapy</i> . 1999 Jul;19(7):860-9. PMID: 10417035.	X3
499	Velligan DI, Diamond P, Mueller J, et al. The short-term impact of generic versus individualized environmental supports on functional outcomes and target behaviors in schizophrenia. <i>Psychiatry Res</i> . 2009 Jul 30;168(2):94-101. PMID: 19523690.	X12
500	Velligan DI, Diamond PM, Mintz J, et al. The use of individually tailored environmental supports to improve medication adherence and outcomes in schizophrenia. <i>Schizophr Bull</i> . 2008 May;34(3):483-93. PMID: 17932089.	X4
501	Vergouwen AC, Bakker A, Burger H, et al. A cluster randomized trial comparing two interventions to improve treatment of major depression in primary care. <i>Psychol Med</i> . 2005 Jan;35(1):25-33. PMID: 15842026.	X3
502	Vermeire Etienne IJJ, Wens J, Van Royen P, et al. Interventions for improving adherence to treatment recommendations in people with type 2 diabetes mellitus. <i>Cochrane Database of Systematic Reviews</i> . 2005(2)PMID: CD003638.	X14
503	Volmink J, Garner P. Interventions for promoting adherence to tuberculosis management. <i>Cochrane Database of Systematic Reviews</i> . 2000(4)PMID: CD000010.	X4
504	Von Korff M, Katon W, Bush T, et al. Treatment costs, cost offset, and cost-effectiveness of collaborative management of depression. <i>Psychosom Med</i> . 1998 Mar-Apr;60(2):143-9. PMID: 9560861.	X12
505	Vreeland B, Minsky S, Yanos PT, et al. Efficacy of the team solutions program for educating patients about illness management and treatment. <i>Psychiatr Serv</i> . 2006 Jun;57(6):822-8. PMID: 16754759.	X4
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	Excluded Study	Reason
507	Wagner GJ, Kanouse DE, Golinelli D, et al. Cognitive-behavioral intervention to enhance adherence to antiretroviral therapy: a randomized controlled trial (CCTG 578). <i>AIDS</i> . 2006 Jun 12;20(9):1295-302. PMID: 16816559.	X4
508	Walker EA, Katon WJ, Russo J, et al. Predictors of outcome in a primary care depression trial. <i>J Gen Intern Med</i> . 2000 Dec;15(12):859-67. PMID: 11119182.	X1
509	Walker PC, Bernstein SJ, Jones JN, et al. Impact of a pharmacist-facilitated hospital discharge program: a quasi-experimental study. <i>Arch Intern Med</i> . 2009 Nov 23;169(21):2003-10. PMID: 19933963.	X1
510	Wall TL, Sorensen JL, Batki SL, et al. Adherence to zidovudine (AZT) among HIV-infected methadone patients: a pilot study of supervised therapy and dispensing compared to usual care. <i>Drug Alcohol Depend</i> . 1995 Mar;37(3):261-9. PMID: 7796721.	X8
511	Ward HJ, Morisky DE, Lees NB, et al. A clinic and community-based approach to hypertension control for an underserved minority population: design and methods. <i>Am J Hypertens</i> . 2000 Feb;13(2):177-83. PMID: 10701818.	X9
512	Waters BM, Jensen L, Fedorak RN. Effects of formal education for patients with inflammatory bowel disease: a randomized controlled trial. <i>Can J Gastroenterol</i> . 2005 Apr;19(4):235-44. PMID: 15861266.	X3
513	Webel AR. Testing a peer-based symptom management intervention for women living with HIV/AIDS. <i>AIDS Care</i> . 2010 Sep;22(9):1029-40. PMID: 20146111.	X4
514	Weber R, Christen L, Christen S, et al. Effect of individual cognitive behaviour intervention on adherence to antiretroviral therapy: prospective randomized trial. <i>Antivir Ther</i> . 2004 Feb;9(1):85-95. PMID: 15040540.	X3
515	Weiden PJ, Schooler NR, Weedon JC, et al. A randomized controlled trial of long-acting injectable risperidone vs continuation on oral atypical antipsychotics for first-episode schizophrenia patients: initial adherence outcome. <i>J Clin Psychiatry</i> . 2009 Oct;70(10):1397-406. PMID: 19906343.	X8
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519	Weiss K, Vanjaka A. An open-label, randomized, multicenter, comparative study of the efficacy and safety of 7 days of treatment with clarithromycin extended-release tablets versus clarithromycin immediate-release tablets for the treatment of patients with acute bacterial exacerbation of chronic bronchitis. <i>Clin Ther</i> . 2002 Dec;24(12):2105-22. PMID: 12581548.	X3
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	Excluded Study	Reason
521	Westling E, Garcia K, Mann T. Discovery of meaning and adherence to medications in HIV-infected women. <i>J Health Psychol.</i> 2007 Jul;12(4):627-35. PMID: 17584813.	X4
522	Weycker D, Macarios D, Edelsberg J, et al. Compliance with drug therapy for postmenopausal osteoporosis. <i>Osteoporos Int.</i> 2006;17(11):1645-52. PMID: 16862397.	X5
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524	Wilhide C, Hayes JR, Farah JR. Impact of behavioral adherence on clinical improvement and functional status in a diabetes disease management program. <i>Dis Manag.</i> 2008 Jun;11(3):169-75. PMID: 18567190.	X5
525	Williams A, Manias E, Walker R. Interventions to improve medication adherence in people with multiple chronic conditions: a systematic review. <i>J Adv Nurs.</i> 2008 Jul;63(2):132-43. PMID: 18537843.	X14
526	Williams AB, Fennie KP, Bova CA, et al. Home visits to improve adherence to highly active antiretroviral therapy: a randomized controlled trial. <i>J Acquir Immune Defic Syndr.</i> 2006 Jul;42(3):314-21. PMID: 16770291.	X4
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529	Wilson IB, Laws MB, Safren SA, et al. Provider-focused intervention increases adherence-related dialogue but does not improve antiretroviral therapy adherence in persons with HIV. <i>J Acquir Immune Defic Syndr.</i> 2010 Mar 1;53(3):338-47. PMID: 20048680.	X4
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531	Wohl AR, Garland WH, Valencia R, et al. A randomized trial of directly administered antiretroviral therapy and adherence case management intervention. <i>Clin Infect Dis.</i> 2006 Jun 1;42(11):1619-27. PMID: 16652320.	X4
532	Wong FK, Chow SK, Chan TM. Evaluation of a nurse-led disease management programme for chronic kidney disease: a randomized controlled trial. <i>Int J Nurs Stud.</i> 2010 Mar;47(3):268-78. PMID: 19651405.	X3
533	Wu AW, Snyder CF, Huang IC, et al. A randomized trial of the impact of a programmable medication reminder device on quality of life in patients with AIDS. <i>AIDS Patient Care STDS.</i> 2006 Nov;20(11):773-81. PMID: 17134351.	X3
534	Wu JY, Leung WY, Chang S, et al. Effectiveness of telephone counselling by a pharmacist in reducing mortality in patients receiving polypharmacy: randomised controlled trial. <i>BMJ.</i> 2006 Sep 9;333(7567):522. PMID: 16916809.	X3

	Excluded Study	Reason
535	Wyatt GE, Longshore D, Chin D, et al. The efficacy of an integrated risk reduction intervention for HIV-positive women with child sexual abuse histories. <i>AIDS Behav.</i> 2004 Dec;8(4):453-62. PMID: 15690118.	X4
536	Yazaki Y, Faridi Z, Ma Y, et al. A pilot study of chromium picolinate for weight loss. <i>J Altern Complement Med.</i> 2010 Mar;16(3):291-9. PMID: 20192914.	X1
537	Yeboah-Antwi K, Gyapong JO, Asare IK, et al. Impact of prepackaging antimalarial drugs on cost to patients and compliance with treatment. <i>Bull World Health Organ.</i> 2001;79(5):394-9. PMID: 11417034.	X3
538	Yoo HJ, Park MS, Kim TN, et al. A Ubiquitous Chronic Disease Care system using cellular phones and the internet. <i>Diabet Med.</i> 2009 Jun;26(6):628-35. PMID: 19538239.	X1
539	Zarani F, Besharat MA, Sadeghian S, et al. The effectiveness of the information-motivation-behavioral skills model in promoting adherence in CABG patients. <i>J Health Psychol.</i> 2010 Sep;15(6):828-37. PMID: 20453057.	X12
540	Zeber JE, Grazier KL, Valenstein M, et al. Effect of a medication copayment increase in veterans with schizophrenia. <i>Am J Manag Care.</i> 2007 Jun;13(6 Pt 2):335-46. PMID: 17567234.	X4
541	Ziller V, Kalder M, Albert US, et al. Adherence to adjuvant endocrine therapy in postmenopausal women with breast cancer. <i>Ann Oncol.</i> 2009 Mar;20(3):431-6. PMID: 19150950.	X2
542	Znoj HJ, Messerli-Burgy N, Tschopp S, et al. Psychotherapeutic process of cognitive-behavioral intervention in HIV-infected persons: results from a controlled, randomized prospective clinical trial. <i>Psychother Res.</i> 2010 Mar;20(2):203-13. PMID: 19844843.	X4
543	Zweben A, Pettinati HM, Weiss RD, et al. Relationship between medication adherence and treatment outcomes: the COMBINE study. <i>Alcohol Clin Exp Res.</i> 2008 Sep;32(9):1661-9. PMID: 18616687.	X4

## **Appendix D. Evidence Tables**

## List of Abbreviations in Evidence Tables

AA(s) = African-American(s)  
Adj = Adjusted  
Approx = Approximately  
Appt(s) = Appointment(s)  
Avg = Average  
ANCOVA = Analysis of covariance  
aOR = Adjusted odds ratio  
Approx = Approximately  
Appt(s) = Appointment(s)  
BP = Blood pressure  
CAD = Coronary artery disease  
Chi-sq = Chi-square value  
CI = confidence interval  
CO = Colorado (Table 1B)  
Col = Column (Table 1F)  
Cont'd = Continued  
Couns = Counseling  
DBP = Diastolic blood pressure  
Diff = Difference  
DI = Deciliter(s)  
Dx = Disease  
Dz(s) = Disease(s)  
ED = Emergency Department  
Educ = Education/Educational  
G1, G2, G3 = Group 1, Group 2, Group 3  
HbA1C or HA1C = Hemoglobin A1C  
Hg = Mercury  
HIV = Human immunodeficiency virus  
HMO(s) = Health maintenance organization(s)  
Hr(s) = Hour(s)  
HR(s) = Hazards ratio(s)  
HTN = Hypertension  
Info = Information  
LDL = Low-density lipoprotein  
LDL-C = Low-density lipoprotein cholesterol  
MD(s) = Medical doctor(s)/Physician(s)  
MEMS = Micro-Electro-Mechanical Systems

Mg(s) = Milligram(s)  
Mm(s) = Millimeter(s)  
Mo(s) = Month(s)  
NA = Not applicable  
NP(s) = Nurse practitioner(s)  
NR, N-R = Not reported  
NS = Not significant  
OR = Odds ratio  
PA(s) = Physician assistant  
PCP(s) = Primary care provider(s)  
PRN = When necessary (from P.R.N., Latin for “pro re nata”)  
RCT = Randomized controlled trial  
RN(s) = Registered nurse(s)  
RR = Risk ratio  
Rx(s) = Prescription(s)  
SBP = Systolic blood pressure  
SCL = Symptom Checklist Depression scale  
SCr = Serum creatinine (Table 1F)  
SD = Standard deviation  
SE = Southeast (Table 1B)  
SG1, SG2,...SGN = Subgroup 1, 2,...N  
T1, T2,...TN = Time 1, 2,...N  
VA = Veterans Administration or Virginia (Table 1B)  
Vs. = Versus  
Wk(s) = Week(s)  
Yr(s) = Year(s)

**Table D1. Description of Intervention and Comparison Groups**

<b>First author's last name</b>			
<b>Year</b>			
<b>Trial name (if applicable)</b>	<b>Groups</b>	<b>Describe interventions and comparators (MUST describe usual care)</b>	<b>Medication name(s)/ class(es)</b>
Bender et al., 2010 <sup>1</sup> NA	G1: Interactive voice response (IVR) G2: usual care	G1: Each patient received at least two IVR calls separated by 1 month; verified correct person had been called; if respondent indicated that during the previous week awoken at night, limited activities, or use of rescue inhaler >2 times, then told that daily use of controller meds should prevent symptoms; advised to discuss symptoms with physician. Modules on benefits of asthma meds and filling and using meds provided with tailored responses; participants informed about free telephone service to answer asthma questions and free smoking cessation phone line; participants who reported symptoms or no intention of refilling meds received a 3rd IVR call 2 weeks following call #2. G2: usual care; not described	ICS (inhaled corticosteroids)
Berg et al., 1997 <sup>2</sup> NA	G1: Self-management intervention G2: Usual Care	G1: 6 sessions provide info about self-management behaviors and skills, asthma medications, asthma triggers, prevention of asthma attacks, relaxation techniques, psychological responses to asthma, and problem-solving skills. The session last approx 2 hours, led by registered nurse. All info was scripted in handbook for group leaders G2: Recorded information daily for 1 week following randomization and again at follow-up for treated subjects. No other intervention was given to this group aside from usual care with physician.	Asthma
Berger et al., 2005 <sup>3</sup> NA	G1: Software-based telephone counseling intervention G2: Control arm	G1: Contacted every 2 or every 4 weeks (depending on stage of readiness and importance of the medicine) by Call Center staff who used web-based software to guide them through Motivational Interviewing (MI) -based counseling sessions. G2: Did not receive calls, but had access to Call Center staff via standard toll-free hotline mechanisms.	Avonex/Multiple Sclerosis Medication
Bogner et al., 2008 <sup>4</sup> NA	G1: Integrated care G2: UC	G1: For patient, the integrated care manager provided education about depression and hypertension, emphasizing the control of depression to manage hypertension; offered encouragement and relief from stigma; helped to identify target symptoms for both conditions; explained the rationale for antidepressant and antihypertensive medication usage; assessed for side-effects and assisted in their management; assessed progress (e.g., reduction in depressive symptoms); assisted with referrals; and monitored and responded to life-threatening symptoms (e.g., chest pain, suicidality - 3, 30-minute in-person sessions and 2, 15-minute telephone-monitoring contacts during a 4-week period. G2: Usual care participants underwent the same assessments as participants in the integrated care intervention; no other differences mentioned	Depression, hypertension meds

First author's last name			
Year			
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
Bogner et al., 2010 <sup>5</sup> NA	G1: 29 G2: 29	G1: Integrated care intervention that addresses each factor resulting in non-adherence in a conceptual model adapted from Cooper and colleagues (source 33) through a multifaceted, culturally tailored individualized approach in which participants work with an integrated care manager to develop strategies to overcome barriers to medication adherence. The intervention integrates depression treatment with care for diabetes. G2: Usual care - existing primary care treatment	Oral hypoglycemics, antidepressants
Bosworth et al., 2005 <sup>6</sup> V-STITCH	G1: Nurse administered intervention G2: Usual care	G1: Calls every 2 months for 24 months delivered by a nurse with research experience; at each call, nurse delivers both tailored and standard information in nine modules: literacy, hypertension knowledge, memory, social support, patient/provider communication, medication refills, missed appointments, health behaviors, and side effects. The activation frequency of each module can vary. To ensure that tailored information is standardized, the nurse uses a computerized database, which contains pre-determined scripts and tailoring algorithms. The database also tracks information discussed at each phone call. Duration of each call is recorded and database informs the nurse when the patient needs to be called again and what transpired during past phone conversations. Patients are also able to telephone nurse with questions related to hypertension. G2: No other contact other than completing measures at baseline and follow-up. BP measurements obtained from medical records. No alterations to usual care.	Anti-hypertensive medications
Bosworth et al., 2008 <sup>7</sup> TCYB	G1: Behavioral intervention G2: Usual care	G1: Nurse conducted telephone encounters every 8 weeks where a core group of modules is potentially activated. Each call begins with the medication module where patients are queried about hypertension medication regimen (i.e., understanding the purpose of medication) and adherence to guidelines (i.e., assessing for changes to regimen). Nurse offers to give friend or family member overview of medication regimen. The adverse effects module is also activated at every call. Additional modules include memory, knowledge/risk perception, participatory decision-making, social support, knowledge, literacy, and health behaviors (i.e., smoking, weight loss, diet, etc.) are activated at specific telephone encounters. Calls are tailored to each specific patient. At end of each call, nurse asks patient for BP measurement. Patients are also allowed to call the nurse if they had any concerns regarding HTN treatment. G2: No contact by nurse, no change in care	Antihypertensive drugs
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper			
Capoccia et al., 2004 <sup>9</sup> na	G1: Pharmacist -primary care intervention: Enhanced care	G1: In addition to UC, received follow-up by clinical pharmacist or pharmacy resident with the PCP and study psychiatrist. F-U was weekly phone calls for the first 4 weeks followed by phone contact every 2 weeks through week 12.	Depression

First author's last name		Year	
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
	G2: Usual Care	During months 4–12, subjects received a phone call every other month. Subjects encouraged to visit their PCP during weeks 4 and 12. At each contact, depressive symptoms and medication-related concerns addressed by pharmacist. The initial contacts focused on support and education, medication dosage adjustment and the management of adverse effects. Med refill authorizations were provided, and access to patient assistance programs was facilitated. Also included change in time of dose administrations, change or discontinuation of antidepressant meds, and provision of additional pharmacotherapy for insomnia or sexual dysfunction, as needed. Appts with MH providers also facilitated G2: Encouraged to use available resources (PCPs, pharmacists, nurses, and mental health providers)	
Carter et al., 2009 <sup>10</sup> NA	G1: Intervention G2: Control	G1: Physician/clinical pharmacist collaborative model identical to intervention used in previous study (Carter #2345) G2: Patients received BP measurements at baseline, 3 and 6 months. Clinical pharmacists abstained from providing care to patients in control group.	Antihypertensive medications
Chernew et al., 2008 <sup>11</sup> NA	G1: Received a decrease in copayments G2: Copayments remained the same	G1: Employer-based health insurance plan implemented policy to reduce copayments for five chronic medication classes as part of a disease management program. Copays for generics were reduced to zero, copays for brand-name medications were reduced by half of previous value G2: No reduction in copays	Angiotensin-converting enzyme (ACE) inhibitors, Angiotensin receptor blockers (ARBs), beta-blockers, diabetes medications (oral and insulin), HMG-CoA reductase inhibitors (statins), and inhaled corticosteroids
Choudhry et al., 2010 <sup>12</sup> NA	G1: Intervention, Statins G2: Intervention, clopidogrel G3: No change in copayments, statin users G4: No change in copays clopidogrel users	G1: Elimination of copayments for statins for company employees & beneficiaries with diabetes or vascular disease. Pitney Bowes G2: Lowered copayments for all employees & beneficiaries prescribed clopidogrel. Pitney Bowes G3: No change in copayments, statin users. BCBS of NJ G4: No change in copay, clopidogrel users. BCBS of NJ	Statins, clopidogrel
Friedman et al., 1996 <sup>13</sup> NA	G1: Patients who received telephone-linked computer system and regular medical care	G1: Telephone-linked computer system - an interactive computer-based telecommunications system that converses with patients in their homes between office visits to their physicians. A supplement to usual care. TLC uses computer-controlled speech and touch tone keypad for responses. The systems ask about	Antihypertensives

First author's last name			
Year			
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
	G2: Patients who received regular medical care alone	clinical status and gives feedback to the patient to promote adherence to treatments. G2: Regular medical care (not described)	
Fulmer et al., 1999 <sup>14</sup> NA	G1: Videotelephone reminder group G2: Telephone reminder group G3: Control group	G1: For 6 weeks, participants received video reminder calls to take their medications daily (Monday through Friday). The call consisted of a brief greeting and a question about whether the previous day's medication had been taken, and additional time to answer patients' questions. G2: This group received the same intervention as G1, but via regular phone call with no video component. G3: Received no reminder calls.	ACE inhibitors, calcium channel blockers, and other cardiac-related medications such as digoxin, diuretics, and vasodilators
Grant et al., 2003 <sup>15</sup> NA	G1: Pharmacist-administered questionnaire and education physician feedback G2: Pharmacist-administered questionnaire only	G1: Six over the phone pharmacist-administered tasks: 1) a 13-item questionnaire to assess barriers to adherence to medications, diet, exercise; 2) detailed assessment of medication-specific regimen, use and barriers for each medication taken; 3) tailored verbal patient education based on barriers identified; 4) social service and nutrition referrals as needed; 5) email summary of barriers to physician; 6) offer in email summary to schedule follow up physician or pharmacist appointment. G2: Over the phone pharmacist-administered 13-item questionnaire to assess barriers to adherence to meds, diet, exercise; G3: set aside lab controls	Any diabetes-related medicines
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program	G1: Postal and telephone reminders G2: Usual care	G1: Received first 2-week supply of pravastatin free of charge; received from physician life style recommendations and complying with medication regimen; Received telephone reminders at weeks 2 and 8 and reminder postcards at week 4 to reinforce message about coronary risk reduction; each message stressed importance of following physicians' instructions and taking medications as prescribed; reminder cards mailed at 4 and 5 months after enrollment also G2: Received first 2-week supply of pravastatin free of charge; received from physician life style recommendations and complying with medication regimen; reminder cards mailed only 4 and 5 months after enrollment;	Pravastatin
Hoffman et al., 2003 <sup>17</sup> NA	G1: Mail-based intervention for providers and patients G2: Usual care	G1: Prescribers received letters each month listing their patients taking antidepressant drugs who were identified as nonadherent through pharmacy database claims. Patients identified as nonadherent received an intervention letter with general information reminding them of the importance of adhering to their medication regimen. G2: Usual care	Antidepressant medications
Hunt et al., 2008 <sup>18</sup> NA	G1: Collaborative primary care-pharmacist hypertension	G1: Scheduled for an appointment in primary care clinic with a Network-employed pharmacy practitioner. Pharmacists reviewed subjects' medications and lifestyle habits, assessed vital signs, screened for adverse drug reactions,	Antihypertensives

First author's last name			
Year			
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
	management G2: Usual care	identified barriers to adherence, provided education, optimized the antihypertensive regimen, and scheduled follow up appointments if necessary. G2: Normal schedule of medical care	
Janson et al., 2003 <sup>19</sup> NA	G1: Self-management education G2: Usual Care	G1: Included asthma education components recommended by NIH guidelines: Basic facts about asthma, role of airway inflammation and bronchospasm in causing airflow obstruction and symptoms, and the roles and actions of anti-inflammatory and quick relief medications were explained with models and illustrations. Skills for correct inhalation of medication from a metered-dose inhaler using a spacer and for peak flow measurement were taught and practiced. At subsequent visits, subjects were shown graphs of their peak flow data, emphasizing trends over time. Finally, a simple written asthma action plan, based on peak flow zones, and using the "traffic light" analogy G2: Monitored peak flow, symptoms, and medication use, and had the same number of study visits of the same duration. No explicit education or instruction about asthma, and no feedback about peak flow data, symptoms, or medication adherence. All questions about asthma referred to the subject's personal physician	Asthma medications: Inhaled corticosteroids, albuterol
Janson et al., 2009 <sup>20</sup> NA	G1: Individualized self-management educational intervention G2: Self-monitoring alone	G1: Standardized components regarding asthma facts and medication actions, as well as individualized components: verbal and graphic interpretation of spirometric results, peak flow trends, metered dose inhaler technique errors, and results of allergen skin testing, along with specific strategies for control of personally relevant environmental exposures. Peak flow monitor of the intervention participants was adjusted to reveal how daily readings compared with individual personal best values. Zones based on a "traffic light" analogy were displayed on the monitor face and correlated to a simple written action plan. The action plan was not personalized G2: Self-monitoring alone.	Inhaled corticosteroids (ICS)
Johnson et al., 2006 <sup>21</sup> NR	G1: Pro-Change Program for Cholesterol Medication G2: Control	G1: Based on transtheoretical model (TTM) for change; a computer-generated, individualized, stage-matched expert system intervention and stage-matched manual for adherence to lipid lowering medication. At baseline, expert system provides feedback on how a participant's responses compare to the responses of a sample of successful individuals making the same behavior change (normative feedback) for each TTM construct. At follow-up, the system provided printed intervention reports with normative and its own previous responses for each of the TTM constructs. Feedback is compiled into a single 4-5 page report mailed within 1 week of assessment. Feedback also refers participant to the	Lipid medications

First author's last name			
Year			
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
		self-help manual for adherence organized by stages of change which provides more in-depth information and stage-matched exercises. Feedback report also contains brief stage-matched guidance regarding stage of change for moderate exercise and dietary fat reduction. G2: Did not receive intervention materials	
Johnson et al., 2006 <sup>22</sup> NR	G1: Pro-Change Program for High Blood Pressure Medication G2: Control	G1: based on transtheoretical model for change; a computer-generated, individualized, stage-matched expert system intervention and stage-matched manual for adherence to antihypertensives. At baseline, expert system provided normative (compared to others) printed intervention reports based on response to baseline assessment. At follow-up, system provided printed intervention reports with normative and ipsative (compared to self) feedback on stages of change; decisional balance; processes of change (POC); self-efficacy; and strategies. The self-help manual reinforced principles and POC that were most appropriate for individual's current stage of change. Manual contains stage-matched exercises to help participant better understand and make use of behavioral strategies suggested in report. These materials were mailed to participants during assessment periods. G2: NR	Anti-hypertensive medications
Katon et al., 1995 <sup>23</sup> NA	G1: Collaborative care G2: Usual care	G1: Prior to PCP visit, patients received 2 brief booklets (one on biology of depression and how antidepressants work, and one on CBT techniques for managing depression) and a videotape with similar material covered in doctor-patient vignettes. They also completed a doctor-patient questionnaire to bring to their first PCP visit. Physicians had a half-day didactic on depression treatment, monthly case conferences, and case-by-case consultation with study psychiatrists. Patients had 2 psychiatric visits--psychiatrist provided education to patients about antidepressant treatment and worked with PCPs to change dosage when needed. Psychiatrist monitored pharmacy refill data and notified PCP about premature discontinuation. G2: Patients received treatment for depression from their PCP, and could refer themselves or be referred to a mental health clinic.	Anti-depressant medication
Katon et al., 1996 <sup>24</sup> NA	G1: Collaborative care (intervention) G2: Usual care by primary care physicians (control)	G1: A multifaceted structured intervention targeting the patient, physician, and process of care. This included a collaborative model of care provided by both a primary care physician and 1 of the 2 study psychologists and included both behavioral treatment to manage depression and counseling to improve adherence. Patients also received a brief booklet on the biology of depression and how antidepressant medications work and another booklet on simple cognitive behavior techniques for managing depression and a 20-minute video	Antidepressant medications

First author's last name		Year	
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
		tape to take home and view with their spouses. G2: Patients received treatment for depression from their primary care physician. This usually included prescription of an antidepressant, 2 to 3 visits over the first 3 months of treatment, and the option to refer to mental health services.	
Katon et al., 1999 <sup>25</sup> NA	G1: Depression persistence intervention G2: Usual care	G1: Multifaceted intervention targeting patients, physicians, and process of care; Patients received education (book & videotape); 2 scheduled visits with a psychiatrist and additional visits as needed; brief telephone calls between visits; psychiatrist helped primary care provider and patient adjust dosages/medication when side effects or inadequate response to treatment occurred; PCPs received immediate updates about their patient's progress. G2: Usual care; typically prescription of an antidepressant medication, 2-3 visits over the first 6 months of treatment, and an option to refer to mental health services.	Antidepressant medications
Katon et al., 2002 <sup>26</sup> NA			
Katon et al., 2001 <sup>27</sup> NA	G1: Depression relapse prevention program G2: Usual care	G1: Intervention patient educated about effective management of chronic/recurrent depression (included a book and videotape); had 2 in-person visits with a depression prevention specialist; contacted by telephone (3 times) and personalized mailings (4 times) for continued monitoring of depressive symptoms and patient adherence; cognitive behavioral components (stand-alone interventions; stress reduction; self-monitoring; tracking of symptoms; self-care plans. Depression prevention specialists communicated with PCP regarding situations requiring clinical attention. G2: Usual care; typically a prescription of an antidepressant medication, 2 to 4 visits over the first 6 months of treatment, and an option to refer to mental health services.	Antidepressant medications
Ludman et al., 2003 <sup>28</sup> NA			
Van Korff et al., 2003 <sup>29</sup> NA			
Lee et al., 2006 <sup>30</sup> FAME	G1: Pharmacy care program G2: Usual care	G1: All received intervention during phase 1 prospective observational phase. Contained 3 elements: individualized medication education (using standardized scripts teaching drug names, indications, strengths, adverse effects, and usage instructions); medications dispensed using an adherence aid (blister packs); and regular follow-up with clinical pharmacists every 2 months. Initial visit was 1 hour, subsequent visits scheduled for 30 minutes. After conclusion of phase 1, continued to meet with clinical pharmacist every 2 months, continued to receive medications in blister packs, and continued medication education as needed. G2: Returning to pre-study status of medication provision after conclusion of phase 1; medication education and blister-packed medications not provided; in phase 2, all medications provided in new pill bottles with a 90-day supply and 1 refill prescription	Multiple, not specified (4 or more meds)

First author's last name	Year	Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
Lin et al., 2006 <sup>31</sup> NA			G1: Individualized management of depression G2: Consult primary care physician	G1: Individualized management of depression care according to patient preference and treatment response, using one of 2 evidence-based treatments: antidepressant medication or problem-solving treatment; Involved a stepped care approach that augmented pharmacotherapy, problem-solving treatment, or both with psychiatric consultations and group and community services G2: Advised to consult their primary care physician regarding depression treatment	Oral hypoglycemic agents, antihypertensive agents, and lipid-lowering medications
Mann et al., 2010 <sup>32</sup> The Statin Choice			G1: Statin Choice Decision Aid G2: American Diabetes Association (ADA) print material	G1: 6 min provider-led discussion of patient's tailored risks and benefits from using or not a statin. Uses Statin Choice Decision Tool to complete 4 discrete steps: 1) discuss patient's underlying heart attack risk factors; 2) discuss patient's risk of heart attack over 10 yrs with and without statin; review risks of taking statin; 4) offer choices. Received one of three versions depending on which of three risk categories they were in: <15%; 15-30%; >30%. Risk determined using data from med records. G2: Printed material from ADA about how to reduce cholesterol through dietary modifications	Statins
Murray et al., 2007 <sup>33</sup> n/a			G1: Pharmacist-led intervention G2: Usual Care	G1: Pharmacist-led intervention providing pt-centered verbal instructions and written materials (literacy sensitive) about meds, icons on medication bottles/lids, monitoring of medication use. The pharmacist contacted clinicians as needed and was trained by a multidisciplinary team. G2: Received prescriptions from pharmacists (these pharmacist did not receive specialized training from multidisciplinary team) who rotated through study pharmacy but didn't have access to pt-centered study materials. No contact with intervention pharmacist other than initial medication history.	Multiple HF meds (median of 10-11)
Nietert et al., 2009 <sup>34</sup> NA			G1: "Phone Patient" Intervention G2: "Fax Physician" Intervention G3: Usual Care	G1: "Phone Patient" intervention - Grocery store pharmacists contacted overdue patients by telephone and reminded patients they were overdue, asked why patients were overdue, reminded them of the importance of taking their medication, and, when possible, helped patients find ways to overcome barriers to adherence in the future G2: "Fax Physician" intervention - Grocery store pharmacists faxed information to prescribing physicians about the study, written prompts to assist patients with adherence, and instructions to return patient disposition codes to store pharmacies via fax G3: Usual care = filling prescriptions when requested by patients and arranging payment	Medications for any 1 of 6 chronic diseases
Okeke et al., 2009 <sup>35</sup> N-A			G1: Intervention G2: Usual care	G1: Educational video stressing importance of drop-taking and suggesting strategies to improve adherence, discussion of barriers and strategies with study	Glaucoma medication-- travoprost (prostaglandin

First author's last name		Year	
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
		coordinator, reminder phone calls (weekly for 1st month then once every other week for next 2 months), use of a dosing aid with audible and visible alarms. G2: Controls were told that it is important to take their eye drops as prescribed, but had no other intervention.	analog)
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	G1: 50 G2 (intervention group) B): 58 G3: 91	G1: An intervention that fostered the involvement of a relative or friend as a support person in the control of cardiovascular risk factors in patients with type 2 diabetes. It consisted of one patient/support person education session with a Registered Nurse patient educator with attendance of the support person followed by the mailing of 4 quarterly "newsletters" about cardiovascular risk factor control. G2: Same as G1 G3: An individual patient education session with a Registered Nurse patient educator, followed by the same 4 quarterly patient newsletters as sent to intervention group patients, but without formal involvement of a support person in the study.	Antidiabetic medications
Powell et al., 1995 <sup>37</sup> NA	G1: Intervention G2: Control	G1: Subjects mailed one of four educational videotape programs presenting information on the patients' inferred disease/condition process, suggesting behavior changes, how their prescribed drug works, & why adherence is important G2: Received no educational materials	Benazepril, metoprolol, simvastatin, transdermal estrogen
Pyne et al., 2011 <sup>38</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	G1: Collaborative care G2: Usual Care	G1: Collaborative care model with HIV and mental health clinicians; included participant education and activation, assessment of treatment barriers and possible resolutions, depression symptoms and treatment monitoring, substance abuse monitoring, and instruction in self-management; intervention used 5-step stepped care model: watchful waiting, (2) depression care team treatment suggestions (counseling or pharmacotherapy, considering participant preference), (3) pharmacotherapy suggestions after review of depression treatment history by the clinical pharmacist, (4) combination pharmacotherapy and specialty mental health counseling, and (5) referral to specialty mental health. Study team communicated with clinicians via electronic medical records and with patients via phone. G2: HIV health care providers received 1 hour of HIV and depression training. Patients were screened for depression at baseline and delivered results to HIV clinicians at most clinic visits	Antidepressant medications, HIV medications
Rich et al., 1996 <sup>39</sup> NA	G1: Multidisciplinary intervention G2: Usual care	G1: Received comprehensive teaching about congestive heart failure and its management using a 15-pg teaching guide prepared by study team; patients seen daily by study nurse through remainder of hospital stay; importance of	Various heart failure medications

First author's last name		Year	
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
		compliance with medications and diet emphasized repeatedly; seen by a registered dietitian and a social services representative; shortly before discharge, geriatric cardiologist reviewed patient's medications and made specific recommendations to simplify and consolidate a regimen by minimizing both the number of medications and dosing frequently; final choice of medications was decided by PCP; following discharge, patient seen by hospital's homecare department and regularly contacted by study nurse G2: Received conventional care under discretion of regular physician; received all standard hospital services, including teaching and pre-discharge medication instructions.	
Rickles et al., 2005 <sup>40</sup> NA	G1: Pharmacist-guided education and monitoring (PGEM) G2: Usual Care	G1: Pts. received 3 calls, baseline and at 1 and 2 mos; 1st: assessed the patient's AD med knowledge and beliefs, adverse effects and other concerns, treatment goals or areas in which they hoped the medication would help, and how the medication was being used during the week before the telephone call. Study pharmacists probed, provided education, asked patients to rate the severity of their concerns, and made recommendations on how to handle any adverse effects, difficulties remembering or paying for medications, and other concerns. Pharmacists expected to follow up on any indication of medication non-adherence. For calls 2 and 3, study pharmacists used the monitoring tool to guide their follow-up on any issues or concerns identified in earlier calls; also reviewed current adherence, whether any new adverse effects and concerns had developed, and progress in pts' medication goals. The pharmacist made new recommendations to patients as needed. G2: Educ and monitoring typical at the study pharmacies.	Depression
Ross et al., 2004 <sup>41</sup> NR	G1: Online medical record access G2: Control	G1: Participants given user name and password to SPPARO online medical record site and received a user guide for the system; SPPARO contains medical record (clinical notes, laboratory reports, and test results), an educational guide (online version of printed materials all patients in heart failure practice receive at first visit), and a messaging system (allowed patients to exchange secure messages with the nursing staff). G2: Continued to receive standard care; offered use of SPPARO after study was completed as incentive to participate	Various
Rudd et al., 2004 <sup>42</sup> NA	G1: Usual care + nurse care management G2: Usual care only	G1: At baseline, nurse counseled on correct use of automated BP device, regular return of the automatically printed BP reports, tips for enhancing drug adherence, and recognizing potential drug side effects; printed materials extended this instruction and patients confirmed ability to use BP device; nurse initiated follow-up phone contacts at 1 week, and 1,2, and 4 months; during each	Anti-hypertensive medications

First author's last name		Year	
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
		call, nurse asked about each medication dosage and any problems experience since previous contact; encouraged patients to telephone anytime during regular hours with questions or concerns; contacted physicians to obtain permission to initiate any new BP drug but not any changes in dosage; medication adjustments made according to patient's current medications, lab values, and BP measurements; when 80% of home BP readings met goal of 130/85, no further changes made to therapy; when <80% home BP readings met goal, nurse increased drug dosage to max level recommended for each drug or added drugs according to protocol G2: NR	
Rudd et al., 2009 <sup>43</sup> NA	G1: Individualized Care Group (and Plain English Material Group) G2: Standard Care Group	G1: Individualized Care received standard rheumatology care; a notebook containing Arthritis Foundation pamphlets written in plain language (5-8th grade on SMOG), examples of medicine calendars, and a map of the hospital; and 2 appointments with a health educator, each after a rheumatology appointment. Originally there were 2 intervention groups (Individualized Care and Plain English Material), but due to slow recruitment the latter was absorbed into the former. 13 participants received only the plain English materials and are included with the Individualized Care arm in some analyses but excluded in others. G2: Received standard rheumatology care and a notebook containing Arthritis Foundation pamphlets (11-15th grade on SMOG), examples of medicine calendars, and a map of the hospital.	Arthritis medications (not specified)
Schaffer et al., 2004 <sup>44</sup> NA	G1: Audio-tape and educ brochure G2: Audio-tape only G3: Brochure only G4: Standard provider education	G1: "Bob's Lung Story" (Lelko, 1999) is a 30-minute audiotape w/ five National Asthma Education and Prevention Program (NAEPP) topics. The storyline repeatedly incorporates key components of PMT (vulnerability, severity, self-efficacy, and response efficacy), as substantiated by a published protection motivation theorist and models the development of protection motivation (adherence behavior) as the protagonist, Bob, moves through an acute asthma episode, diagnosis, confusion with medication use, and finally mastery of his asthma symptoms through medication adherence. Asthma-related lyrics set to popular tunes enhance memory, while emphasizing key points of asthma management. Plus book (described in G3) G2: Tape only. G3: Book only: 12-page booklet that covers the same NHLBI-recommended topics as the audiotape but does not presents as part of a larger narrative. G4: Whatever education was provided by the participant's asthma care provider	Asthma
Schectman et al., 1994 <sup>45</sup>	G1: Telephone contact G2: Control	G1: Certified medical assistant made calls at 3, 7, 14, 21, and 28 days following clinic visit; subjects asked whether any problems were experience with	Niacin or bile acid sequestrants (BAS)

First author's last name			
Year			
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
NA		medication; adverse events were discussed and solutions offered to minimize toxicities; when adverse events severe or could not be properly evaluated or prescription drug necessary to control adverse event, additional telephone contact arranged with physician or clinical pharmacist G2: No telephone contact	
Schneider et al., 2008 <sup>46</sup> N-A	G1: Study group G2: Control group	G1: Received lisinopril in a daily-dose adherence package, blister packaged with four rows of seven tablets, with more space for patient information such as what to do if a dose is missed G2: Received lisinopril in traditional bottles of loose tablets	Lisinopril
Schnipper et al., 2006 <sup>47</sup> NA	G1: Pharmacist intervention G2: Usual care	G1: On the day of hospital discharge, a pharmacist reviewed each patient's discharge medication regimens with their pre-admission regimens and resolved discrepancies with a medical team; screened patient for previous drug-related problems (such as non-adherence), and reviewed the medication directions with the patient. During a follow-up phone call at 5 days post-discharge, pharmacist compared prescribed regimen with patient's self-reported medication list, screened for and resolved drug-related problems, and communicated results to patient's PCP. G2: Routine review of medication orders by a ward-based pharmacist and medication counseling by a nurse at the time of discharge.	Medications for multiple conditions
Simon et al., 2006 <sup>48</sup> na	G1: Telephone care management G2: UC	G1: 3 phone contacts - each contact included a brief, structured assessment of current depressive symptoms, current use of AD medication, and AD side effects. During phone contacts, care managers followed specific scripts to address concerns regarding side effects and used scripted motivational enhancement techniques to address common reasons for discontinuing medication. The treating psychiatrist received a structured report of each contact, including a summary of the clinical assessment and algorithm based recommendations regarding antidepressant medication adjustment. If a change in treatment was recommended, the care manager contacted the psychiatrist to facilitate doctor-patient communication and follow-up. Care managers also provided as-needed crisis intervention and care coordination. G2: All participants were contacted for blinded telephone outcome assessments three and six months after being randomly assigned to the study groups.	Depression meds
Sledge et al., 2006 <sup>49</sup> N-A	G1: Primary Intensive Care G2: Usual care	G1: Comprehensive interdisciplinary medical and psychosocial assessment (2-3 hour visit, lifetime medical chart review, supplemental information from case manager, report to PCP), and ambulatory case management for 1 year in addition to usual care.	Medications for multiple conditions

First author's last name		Year	
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
Smith et al., 2008 <sup>30</sup> NR	G1: Mailed communications to patients and primary care providers G2: Usual care	G2: Usual care directed by their PCP, including psychiatric consultation which was available on-site if requested by the PCP.  G1: Patients received 2 mailed communications approximately 2 months apart stressing the importance of lifetime use of beta blockers following MI and also that adverse effects can be managed and the importance of remembering to refill their prescription. They also included a brief mention of other therapies (statins, ACEIs, and aspirin). Both mailings included a wallet card with suggested questions to ask their clinician, space to list their medications, and space to record additional queries. Primary care clinicians of patients randomized to the intervention arm received sample materials and a letter alerting them that their patients with MI would be receiving materials developed with input from patients and clinicians in primary care and cardiology. The letters asked the primary care clinicians to support the initiative and reminded them of guidelines on lifetime use of beta blockers following MI. G2: Neither patients or clinicians in this group contacted	Beta blockers
Solomon et al., 1998 <sup>51</sup> n/a  Gourley et al., 1998 <sup>52</sup> NA	G1: Pharmaceutical care (HTN and COPD subgroups) G2: Traditional pharmacy care (HTN and COPD subgroups)	G1: Pharmaceutical care intervention group underwent a six month treatment period with scheduled visits at enrollment and then at 4-6 week intervals to total 5 visits with an assigned pharmacist; the intervention also consisted of standardized patient assessment activities and a series of regularly scheduled therapeutic and educational interventions designed for optimal disease management. G2: The traditional pharmacy care control group had only two visits, one at baseline and one at 6 months; they did not have access to the primary pharmacy caregivers and received no supplemental education or assessment of needs beyond what was customarily offered at each site. Traditional pharmacy care ranged from non-standardized interventions to distribution of product only.	Dihydropyridine or dihydropyridine and diuretic therapy for hypertensives; At least 1 metered dose inhaler for the treatment of COPD for those with COPD.
Stacy et al., 2009 <sup>53</sup> NA	G1: Experimental G2: Enhanced Care Control	G1: Received up to 3 separate tailored behavioral support interventions delivered via an interactive voice recognition (IVR) system coupled with tailored print material receive through the mail. Calls provided highly tailored messages that specifically reinforced adherence/persistence with statins using a combination of behavioral science theories and techniques. Subsequent calls referred to health plan website for info. on dyslipidemia, risk reduction, and lipid lowering drugs. Mail provided tailored messages to enhance commitment, improve communication w/ health care team, and address adherence barriers. G2: Received non-tailored behavioral advice from a single IVR call at baseline, coupled with an untailored, generic, self-help cholesterol management guide received through the mail. Guide provided educational material on cholesterol	Statin

First author's last name		Year	
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
and lipid values, a brief knowledge quiz, and an untailored action plan but did not address medication adherence.			
Taylor et al., 2003 <sup>54</sup> NA	G1: Pharmaceutical care G2: Standard care	G1: Patients in the intervention group received usual medical care, along with pharmacotherapeutic interventions by a pharmacist during regularly scheduled office visits. A patient typically met with a pharmacist for 20 minutes before seeing a physician. Interventions included clinical services and patient education but not dispensing. Pharmacists reviewed medical records and provided comprehensive individualized patient education that included a brief review of the disease, important lifestyle modifications, written materials, and basic drug information. Therapeutic recommendations were communicated to physicians through discussions or progress notes. In addition, the pharmacists monitored patients' responses to drugs and attempted to improve compliance by consolidating medication regimens, reducing dosage frequency, devising medication reminders, and teaching patients techniques for remembering. G2: Standard medical care without pharmaceutical care.	Medications for multiple conditions (unspecified)
Vivian et al., 2002 <sup>55</sup> NA	G1: Clinical pharmacist intervention G2: Control	G1: Patients saw clinical pharmacist once/month at a pharmacist-managed hypertension clinic; pharmacist had prescribing authority and made appropriate therapy changes for BP in accordance to JNC VI guidelines; did not make any changes to other drugs that may adversely affect BP; drug counseling (on side effects, recommend lifestyle changes, and assessment of compliance) provided at each visit; allowed to receive care for comorbid conditions from PCPs but could not make changes to antihypertensive drug regimens G2: Received traditional pharmacy services (dispensing, brief counseling about drugs, review of drug profiles); no monthly visits to pharmacist-managed hypertension clinic; received care from PCPs as needed at least once a year	Antihypertensive medications
Waalén et al., 2009 <sup>56</sup> NA	G1: "Virtual" osteoporosis clinic G2: Usual care	G1: Patients received care from a PA under the supervision of a preventive medicine physician. Patients were given prescriptions for vitamin D with or without calcium depending on their vitamin D levels. They received educational handouts in a one-time mailing. They had an open-ended phone discussion with the osteoporosis clinic about osteoporosis treatment, and then monthly calls until the patient started taking the medication and reported no problems. They were given a 3-month prescription for a second-generation bisphosphonate. Patients who needed help paying for the med were assisted in obtaining the drug from the study sponsor (Merck). G2: Patients received a referral to their usual primary care physician and were told they would be contacted by the PCP for follow-up. All subsequent evaluation and treatment were performed by the PCP, and no further contact with the	Osteoporosis medication

First author's last name			
Year			
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
Weinberger et al., 2002 <sup>57</sup> NA	G1: Pharmaceutical Care Program G2: Peak Flow Monitoring Control Group G3: Usual Care Control Group	patient was initiated by the osteoporosis clinic until the end of the study. G1: Broadly included Pharmacist training (interpretation of patient-specific data, technique to measure peak flow, instructions on counseling), availability of patient specific data via computer (patient background, contact info, peak flow rates, ED/hospital visits, medication/med possession ratio), written patient education materials for handouts to patients, resource guide for pharmacists, and implementation of "pragmatic strategies" to encourage pharmacists to implement program. G2: Pharmacist training in reactive airway disease, diabetes, HTN; patient given peak flow meter, trained on its use, and monthly calls to elicit peak flows; data not provided to pharmacists G3: Same pharmacist training in G2, patient not given peak flow meter	Meds for reactive airway disease (i.e. COPD or asthma)
Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial	G1: Decision Aid G2: Control	G1: The one-page <i>Statin Choice</i> decision aid which included the patient's name, cardiovascular risk factors, and 1 of 3 levels of baseline 10-year cardiovascular risk (risk levels specified in article). It also showed the absolute risk reduction associated with taking statins and the potential disadvantages. Patients were prompted to express their readiness to take statins, discuss the issues with their primary care clinician or another important person, or delay the decision until another time. In addition, a multiple-page pamphlet was included that provided detail with visual links to the tailored one-page version, facilitating patient review of the material after the visit. G2: A Mayo Clinic standard educational pamphlet which defined lipid disorders and provided dietary guidelines for control of cholesterol, along with general statements encouraging exercise and smoking cessation.	Statins
Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial	G1 (Statin Choice before visit): 26 G2 (Statin Choice during visit): 26 G3 (Control before visit): 23 G4: (Control during visit): 23		
Williams et al., 2010 <sup>60</sup> NA	G1: Patients in practices where MDs were instructed how to access and interpret electronic adherence data G2: Patients in usual care, included education	G1: Physicians receive electronic adherence data and specific instructions on how to interpret that data G2: Both groups received an audio compact disc, digital video disc, and booklet (all had same content) on the most recent national asthma guidelines and methods for discussing medication nonadherence with their patients; material emphasized a non-confrontational approach to discussing adherence and included ways to identify barriers to taking medication, tips to help patients remember to take their medication, and methods to promote patient self-efficacy.	ICS (inhaled corticosteroids)
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment (BOAT); note that	G1: Shared decision making G2: Clinical decision making G3: Usual care	G1: Shared decisionmaking (SDM): At study visits, care managers provide information and share decision-making responsibility with patients; treatment decisions negotiated by incorporating patient preferences and goals. Barriers to adherence addressed using motivational techniques. Progress was assessed at subsequent study visits and in three brief phone calls; medications adjusted as	Asthma medications

First author's last name			
Year			
Trial name (if applicable)	Groups	Describe interventions and comparators (MUST describe usual care)	Medication name(s)/ class(es)
there is online supplemental material for methods and timeline		necessary. For care managers who are not licensed to prescribe, physicians reviewed and wrote prescriptions. Study care managers document each patient encounter in medical charts where it is available to patient's physician. G2: Clinical decisionmaking (CDM) – Identical to SDM in process except study care managers only recommend new treatment regimens based on guidelines, without identifying patient goals/preferences or negotiating treatments/decisions. G3: Usual Care: stepped care approach to medications with the aim of long-term asthma control.	
Wolever et al., 2010 <sup>62</sup> NA	G1: 6 months integrative health coaching G2: Usual care	G1: 6 months of integrative health coaching, a personalized intervention that assists people in identifying their own values and vision of health, followed by a follow-up visit G2: Those randomized to the control group received no materials or correspondence during the 6-month period	Oral diabetes medication
Zhang et al., 2010 <sup>63</sup> N/A	G1: No drug coverage prior to Medicare Part D G2: Some drug coverage prior to Medicare Part D with a \$150 quarterly cap on plan payment G3: Some drug coverage prior to Medicare Part D with a \$350 quarterly cap on plan payment G4: Comparison group, which was covered by retiree health benefits had no deductible, paid copayments of \$10 - \$20 per monthly prescription	G1: Medicare Part D prescription drug coverage G2: Medicare Part D prescription drug coverage G3: Medicare Part D prescription drug coverage G4: Remained on retiree health benefit coverage	Hyperlipidemia, diabetes, and hypertension medications

Table D2. Sample Size and Retention

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
Bender et al., 2010 <sup>1</sup>	NA		NR	Overall N: 50 G1: 25 G2: 25	NR	Overall N: 50 G1: 25 G2: 25	RCT: parallel, not clustered	Patient	National Jewish Health in Denver, CO	tertiary care center	2.3	Pharmaceutical
Berg et al., 1997 <sup>2</sup>	NA		Overall N: 87 G1: NR G2: NR	Overall N: 55 G1: 31 G2: 24	Overall N: 54 G1: NR G2: NR	Overall N: 55 G1: 31 G2: 24	Other [specify]	Patient	NR; rural	community	1.61	Multiple [provide specifics]
Berger et al., 2005 <sup>3</sup>	NA		Overall N: N-R G1: G2:	Overall N: 435 G1: 212 G2: 212  (the article does not account for the discrepancy in these numbers)	Overall N: 367 G1: 172 G2: 195	Overall N: 367 G1: 172 G2: 195	RCT: parallel, not clustered	Patient	US	network of patients with MS contacted by Biogen	3	Pharmaceutical
Bogner et al., 2008 <sup>4</sup>	NA		Overall N: 109 prescreened as potentially eligible - 73 provided consent for screening G1: NR G2: NR	Overall N: 64 G1: 32 G2: 32	Overall N: 64 G1: 32 G2: 32	Overall N: 64 G1: 32 G2: 32	RCT: parallel, not clustered	Patient	West Philadelphia with 12 family physicians	community-based primary care practice	1.38	Multiple [provide specifics]
Bogner et al., 2010 <sup>5</sup>	NA		Overall N: 58 G1: 29 G2: 29	Overall N: 58 G1: 29 G2: 29	Overall N: 58 G1: 29 G2: 29	Overall N: 58 G1: 29 G2: 29	RCT: parallel, not clustered	Patient	Philadelphia, Pennsylvania	Community-based primary care clinic	2.76	Multiple [provide specifics]
Bosworth et al., 2005 <sup>6</sup>			Overall N: 816	Overall N: 588 G1: 294	Overall N: NR G1: NR	Overall N: NR	RCT: parallel, not	Patient	Durham, NC	outpatient VA primary care	24 months for entire	Government

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
V-STITCH			G1: NR G2: NR	G2: 294	G2: NR	G1: NR G2: NR	clustered			clinic	study, this paper reports 6 month outcomes	
Bosworth et al., 2008 <sup>7</sup> TCYB		Overall N: NR, unclear from text	Overall N: 636 G1: 319 G2: 317	Overall N: NR G1: NR G2: NR	Overall N: NR G1: NR G2: NR	RCT: parallel, not clustered	Patient		North Carolina	primary care clinic	24 months planned, this paper reported 6 month outcomes	Multiple [provide specifics]
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper		G1: NR G2: NR										
Capoccia et al., 2004 <sup>9</sup> NA		Overall N: 89 G1: G2:	Overall N: 74 G1: 41 G2: 33	Overall N: 69 G1: 37 G2: 30	Overall N: 74 G1: 41 G2: 33	RCT: parallel, not clustered	Patient		The University of Washington Family Medical Center (UWFMC)	primary care clinic in	12 mo.	Foundation or non-profit
Carter et al., 2009 <sup>10</sup> NA		Overall N: 1242 G1: 568 G2: 674	Overall N: 402 G1: 192 G2: 210	Overall N: 332 G1: 158 G2: 174	Overall N: 402 G1: 192 G2: 210	RCT: cluster-randomized	Practice (e.g., clinic, residential care facility)		Iowa: Davenport, Des Moines, Mason City, Sioux City, & Waterloo	6 community-based family medicine residency programs	6	Government
Chernew et al., 2008 <sup>11</sup> NA		Number of members in health plan Overall N (2004): G1: 35,807 G2: 74,345 Overall N (2005): G1: 37,867		NR	For diabetes medications:  2004 (Pre): G1: 919 to 1,245 G2: 3,596 to 4,185	Before-after study	Other [specify]		NR	Administrative data	24	Pharmaceutical

First author's last name							Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
Year										
Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization				
	G2: 70,259			2005 (Post): G1:1,056 to 1,306 G2: 3,535 to 4,072  Unit of observation in analyses was patient-quarter, yielding eight observations per patient						
Choudhry et al., 2010 <sup>12</sup> NA	Overall N: 52,631 G1: 2051 G2: 779 G3: 38,174 G4: 11,627	This study was not randomized, so these data are irrelevant. Overall N: NA G1: NA G2: NA	Overall N: 52,631 G1: 2051 G2: 779 G3: 38,174 G4: 11,627	Overall N: 52,631 G1: 2051 G2: 779 G3: 38,174 G4: 11,627	Other [specify]	Other [specify]	NR. Probably NJ or Massachusetts	Intervention implemented by a pharmacy benefits management company	24	Foundation or non-profit
Friedman et al., 1996 <sup>13</sup> NA	Overall N: 964 G1: NR G2: NR	Overall N: 299 G1: NR G2: NR	Overall N: 267 G1: 133 G2: 134	Overall N: 267 G1: 133 G2: 134	RCT: parallel, not clustered	Patient	Boston, MA	Screening occurred at community sites such as senior centers; intervention and baseline and 6-month assessments occurred at patients' homes	6	Government

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
Fulmer et al., 1999 <sup>14</sup> NA			Overall N: 600 G1: G2:	Overall N: 60 G1: N-R G2: N-R G3: N-R	Overall N: 50 G1: 17 G2: 15 G3: 18	Overall N: 50 G1: 17 G2: 15 G3: 18	RCT: parallel, not clustered	Patient	Manhattan in New York City, NY	Recruitment from large urban home health care agency and a large urban ambulatory care clinic; interventions delivered via phone and data collection in participants' homes	2.3	Multiple [provide specifics]
Grant et al., 2003 <sup>15</sup> NA			Overall N: 462 G1: 118 G2: 114 G3: 230	Overall N: 462 G1: 118 G2: 114 G3: 230	Overall N: 120 G1: 62 G2: 58	Overall N: 120 G1: 62 G2: 58	RCT: parallel, not clustered	Patient	a predominantly working class community approximately 10 miles north of Boston	academically-affiliated community health center	3 months	Multiple [provide specifics]
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program			Overall N: NR G1: NR G2: NR	Overall N: 13,100 G1: 10,335 G2: 2,765	Overall N: 4548 G1: 3635 G2: 913	Overall N: 4548 G1: 3635 G2: 913	RCT: parallel, not clustered	Patient	NR	primary care clinic	6 months	Pharmaceutical
Hoffman et al., 2003 <sup>17</sup> NA			NR	Overall : Patients: 9564 Providers: 7021 G1: Patients: 4899 Providers: 3474 G2:	Overall N: G1: G2:	Overall N: G1: G2:	RCT: cluster-randomized	Other [specify]	Florida, IPA-model HMO	Pharmacies	6 months	Multiple [provide specifics]

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
				Patients: 4665 Providers: 3547								
Hunt et al., 2008 <sup>18</sup> NA		Overall N: 2,901 G1: NR G2: NR	Overall N: 463 G1: 230 G2: 233	Overall N: 272 G1: 142 G2: 130	Overall N: 272 G1: 142 G2: 130	RCT: parallel, not clustered	Patient		Oregon	Primary care	12	Pharmaceutical
Janson et al., 2003 <sup>19</sup> NA		Overall N: NR G1: NR G2: NR	Overall N: 68 G1: NR G2: NR	Overall N: 62 G1: NR G2: NR	Overall N: 65 G1: 33 G2: 32	RCT: parallel, not clustered	patient		NR	clinical laboratory	1.61	Government
Janson et al., 2009 <sup>20</sup> NA		Overall N: 95 G1: NA G2: NA	Overall N: 84 G1: 45 G2: 39	NR	Overall N: 45 G1: 45 G2: 39	RCT: parallel, not clustered	Patient		San Francisco Bay Area	recruited from private and public community clinics in the San Francisco Bay Area - setting of face-to-face settings not described	5.52 (included 4-week run-in period; 4-week intervention period, and 14 weeks of observation)	Other [provide specifics]
Johnson et al., 2006 <sup>22</sup> NR		Overall N: 1227 G1: NR G2: NR	Overall N: NR G1: NR G2: NR	Overall N: NR G1: NR G2: NR	Overall N: 1017 G1: 500 G2: 517	RCT: parallel, not clustered	Patient		New England	HMO recruitment; Mail-based intervention	18 months	Government
Johnson et al., 2006 <sup>21</sup> NR		Overall N: 1038 G1: NR G2: NR	Overall N: 404 G1: 202 G2: 202	Overall N: 262 G1: 114 G2: 148	Overall N: 404 G1: 202 G2: 202	RCT: parallel, not clustered	Patient		Rhode Island	NR	18 months	Government
Katon et al., 1995 <sup>23</sup> NA		Overall N: 242 G1: G2:	Overall N: 217 Major depression group N: 91 G1: 49 G2: 42 Minor	Overall N: 177 G1: NR G2: NR	Overall N: 177 G1: NR G2: NR	RCT: cluster-randomized	patient		Washington State	primary care clinic	7	Government

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
				depression group N: 126 G1: 59 G2: 67								
Katon et al., 1996 <sup>24</sup> NA		Overall N: 183	Overall N: 153 G1: 77 G2: 76 Major depression: 65 Minor depression: 88	Overall N: 113 G1: 60 G2: 53	N analyzed NR, but stated to include "all intervention patients" for adherence outcomes, unclear for other outcomes	RCT: cluster-randomized	Patient		Seattle, WA	large primary care clinic	7	Government
Katon et al., 2001 <sup>27</sup> NA		Overall N: 480	Overall N: 386 G1: 194 G2: 192	Overall N: 315 G1: 170 G2: 145	Overall N: 315 G1: 170 G2: 145	RCT: parallel, not clustered	Patient		Washington State	4 large primary care clinics in a group-model HMO	12 months	Government
Ludman et al., 2003 <sup>28</sup> NA												
Van Korff et al., 2003 <sup>29</sup> NA												
Katon et al., 1999 <sup>25</sup> NA		Overall N: 341	Overall N: 228 G1: 114 G2: 114	6 m: Overall N: 167 G1: 87 G2: 80	6 m: Overall N: 228 G1: 114 G2: 114	RCT: parallel, not clustered	Patient		large group-model HMO in Washington State	primary clinics	28 months	Government
Katon et al., 2002 <sup>26</sup> NA				28 m: Overall N: 171 G1: NR G2: NR	28 m: Overall N: 187 G1: 95 G2: 92							
Lee et al.,		Overall N:	Overall N: 159	Overall N:	Overall N:	RCT:	Patient		Washington	university-	14 months	Professional

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
2006 <sup>30</sup> FAME			208 G1: NR G2: NR	G1: 83 G2: 76	146 G1: 77 G2: 69	159 G1: 83 G2: 76	parallel, not clustered		DC	affiliated, tertiary care US military medical center	-Run-in x 2 months - Phase 1 observational months 3-8 - RCT months 9-14	organization
Lin et al., 2006 <sup>31</sup> NA			Overall N: 375 G1: NA G2: NA	Overall N: 329 G1: 164 G2: 165	Overall N: NR, but based on G1 and G2, ~263.03 (?) G1: 80.5% (~132.02) G2: 79.4% (~131.01)	Overall N: 329 G1: 164 G2: 165	RCT: parallel, not clustered	Patient	State of Washington	9 primary care clinics of Group Health Cooperative (GHC)	12	Government
Mann et al., 2010 <sup>32</sup> The Statin Choice			NR	Overall N: 150 G1: 80 G2: 70	NR	NR	RCT: parallel, not clustered	Patient	NR	urban primary care practice serving primarily minority population	6 months	Unspecified
Murray et al., 2007 <sup>33</sup> n/a			Overall N: 1512 G1: NR G2: NR	Overall N: 314 G1: 122 G2: 192	Overall N: 270 G1: 106 G2: 164	Overall N: 314 G1: 122 G2: 192	Randomized clinical trial	Patient	Indianapolis, Indiana	Pharmacies	12	Government
Nietert et al., 2009 <sup>34</sup> NA			Overall N: 3048 G1: NR G2: NR G3: NR	Overall N: 3048 G1: 1018 G2: 1016 G3: 1014	Overall N: 2590 G1: 869 G2: 863 G3: 858	Overall N: 3048 G1: 1018 G2: 1016 G3: 1014	RCT: parallel, not clustered	Patient	South Carolina	9 pharmacies within a medium-sized grocery store chain	Unclear	Government
Okeke et al., 2009 <sup>35</sup> NA			Overall N: 66 G1: G2:	Overall N: 66 G1: 35 G2: 31	Overall N: NR G1: N-R G2: N-R	Overall N: 66 G1: 35 G2: 31	RCT: parallel, not clustered	Patient	Pennsylvania, PA and Baltimore, MD	Two eye clinics	Observational cohort: 3 RCT: 3	Multiple [provide specifics]

First author's last name						Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source	
Year										
Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization				
				*4 excluded from multivariate analysis (1 from G1 and 2 from G2) due to missing value in education (N=2), Asian race (N=1), and use of travoprost without using dosing aid (N=1)						
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Overall N: 233 G1: NR G2: NR G3: NR	Overall N: 199 G1: 50 G2: 58 G3: 91	Overall N: 153 G1 + G2: 81 G3: 72	Overall N: 199 G1: 50 G2: 58 G3: 91	RCT: cluster-randomized	Practice (e.g., clinic, residential care facility)	Kentucky	18 primary care practices in the Kentucky Ambulatory Network practice-based research network	2.76 in first 15 practice sites, 2.07 in last 3 sites	Government
Powell et al., 1995 <sup>37</sup> NA	Overall N: NR G1: NR G2: NR	Overall N: 4246 G1: 1993 G2: 2253	Overall N: 4246 G1: 1993 G2: 2253	Overall N: 4246 G1: 1993 G2: 2253	RCT: cluster-randomized	Patient	Midwestern United States	Homes	9	Multiple [provide specifics]
Pyne et al., 2011 <sup>38</sup> HIV Translating	Overall N: 448 G1: NA G2: NA	Overall N: 276 G1: 138 G2: 138	Overall N: 225 G1: 105 G2: 110	Overall N: 249 G1: 123 G2: 126	RCT: parallel, not clustered	Patient	Little Rock, Arkansas	VA HIV clinics	12 months	Government

First author's last name								Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization				
Initiatives for Depression Into Effective Solutions (HITIDES)											
	Rich et al., 1996 <sup>39</sup> NA	Overall N: NR G1: NR G2: NR	Overall N: 156 G1: 80 G2: 76	Overall N: NR G1: NR G2: NR	Overall N: 156 G1: 80 G2: 76	RCT: parallel, not clustered	Patient	NR	university teaching hospital	1 months	Government
	Rickles et al., 2005 <sup>40</sup> NA	Overall N: 63 G1: G2:	Overall N: 63 G1: 31 G2: 32	Overall N: 63 G1: 28 G2: 32	Overall N: 63 G1: 28 G2: 32	RCT: parallel, not clustered	Patient	Wisconsin	recruitment from pharmacies	6 months	Government
	Ross et al., 2004 <sup>41</sup> NR	Overall N: NR G1: NR G2: NR	Overall N: 107 G1: 54 G2: 53	Overall N: 81 G1: 38 G2: 43	Overall N: NR G1: NR G2: NR	RCT: parallel, not clustered	Patient	Denver, CO	specialty clinic for heart failure	12 months	Foundation or non-profit
	Rudd et al., 2004 <sup>42</sup> NA	Overall N: 837 G1: NR G2: NR	Overall N: 150 G1: 74 G2: 76	Overall N: 137 G1: 69 G2: 68	Overall N: 150 G1: 74 G2: 76	RCT: parallel, not clustered	Patient	California	primary care clinic	6 months	Other [provide specifics]
	Rudd et al., 2009 <sup>43</sup> NA	Overall N: 408 G1: G2:	Overall N: 127 G1: 64 (51 Individualized Care, 13 Plain English) G2: 63	Overall N: 105 G1: 48 G2: 57	Overall N: 127 G1: 64 G2: 63	Other [specify]	Patient	N-R	Arthritis center in urban teaching hospital	12	Government
	Schaffer et al., 2004 <sup>44</sup> NA	Overall N: NR G1: NR G2: NR G3: NR G4: NR	Overall N: 46 G1: NR G2: NR G3: NR G4: NR	Overall N: 44 G1: NR G2: NR	Overall N: 46 G1: 11 G2: 10 G3: 12 G4: 13	RCT: parallel, not clustered	Patient	not specifically reported; possibly Florida	NR	6 months	Academic
	Schectman et al., 1994 <sup>45</sup> NA	Overall N: NR Niacin	Niacin Overall N: 102 G1: 52	Niacin Overall N: 102	Niacin Overall N: 80	RCT: parallel, not clustered	Patient	Milwaukee, WI	VA medical center	6 months, though only 2 month	Multiple [provide specifics]

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
			G1: 102 BAS G2: 62	G2: 50  BAS Overall N: 62 G1: 31 G2: 31	G1: 52 G2: 50  BAS Overall N: 60 G1: 29 G2: 31	G1: 40 G2: 40  BAS Overall N: 40 G1: 18 G2: 22					results reported	
Schneider et al., 2008 <sup>46</sup> NA		Overall N: 112 G1: NR G2: NR	Overall N: 93 G1: N-R G2: N-R	Overall N: 85 G1: 47 G2: 38	Overall N: 85 G1: 47 G2: 38	RCT: parallel, not clustered	Patient		Columbus, OH and Tucson, AZ	Ambulatory care clinics	12	Government
Schnipper et al., 2006 <sup>47</sup> NA		Overall N: 291 G1: G2:	Overall N: 178 G1: 92 G2: 84	Overall N: 152 G1: 79 G2: 73	Overall N: 152 G1: 79 G2: 73	RCT: parallel, not clustered	patient		Boston, MA	Hospital	1	Multiple [provide specifics]
Simon et al., 2006 <sup>48</sup> NA		Overall N: 217 G1: NR G2: NR	Overall N: 207 G1: NR G2: NR	Overall N: NR G1: NR G2: NR	Overall N: 94 symptom analysis: 94 utilization analysis: 98 G2: symptom analysis: 94 utilization analysis: 97	RCT: parallel, not clustered	Patient		Washington and Northern Idaho	members of Group Health cooperative - contacted if prescribed psych med from a psychiatrist	6 months	Multiple [provide specifics]
Sledge et al., 2006 <sup>49</sup> NA		Overall N: 238 G1: G2:	Overall N: 96 G1: 47 G2: 49	Overall N: 75 G1: 36 G2: 39	Overall N: 75 G1: 36 G2: 39	RCT: parallel, not clustered	Patient		Northeastern US	Primary care center of an urban, academically affiliated hospital	12	Multiple [provide specifics]
Smith et al., 2008 <sup>50</sup>		Overall N: NR	Overall N: 907 G1: 458	Overall N: 836	Overall N: 836	RCT: cluster-	Practice (e.g., clinic, residential)		Boston, MA Atlanta, GA	primary care clinic	2 months	Government

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
NR			G1: NR G2: NR	G2: 449	G1: 426 G2: 410	G1: 426 G2: 410	randomized	care facility)	Portland, OR Minneapolis, MN			
Solomon et al., 1998 <sup>51</sup> n/a		Overall N: NR G1: NR G2: NR	Overall N: NR G1: NR G2: NR	Overall N: NR G1: NR G2: NR	Overall N: HTN:133 COPD:98 G1 (HTN): 63 G2 (HTN): 70 G1 (COPD): 43 G2 (COPD): 55	Overall N: HTN: 133 COPD: 98 G1 (HTN): 63 G2 (HTN): 70 G1 (COPD): 43 G2 (COPD): 55	RCT: parallel, not clustered	Patient	10 Veterans Affairs Medical Centers and 1 University hospital	Pharmacies	6 months	Pharmaceutical
Gourley et al., 1998 <sup>52</sup> NA												
Stacy et al., 2009 <sup>53</sup> NA		Overall N: 5174 G1: G2:	Overall N: 578 G1: 298 G2: 280	Overall N: 578 G1: 298 G2: 280	Overall N: 497 G1: 253 G2: 244	Overall N: 497 G1: 253 G2: 244	RCT: parallel, not clustered	Patient	NR	managed care HMO or PPO members	6 months	Other [provide specifics]
Taylor et al., 2003 <sup>54</sup> NA		Overall N: N-R G1: G2:	Overall N: 81 G1: N-R G2: N-R	Overall N: 81 G1: N-R G2: N-R	Overall N: 69 G1: 33 G2: 36	Overall N: 69 G1: 33 G2: 36	RCT: parallel, not clustered	patient	Aliceville, AL and Gordo, AL	Community-based physician offices	12	Unspecified
Vivian et al., 2002 <sup>55</sup> NA		Overall N: 56 G1: NA G2: NA	Overall N: 56 G1: 27 G2: 29	Overall N: 56 G1: 27 G2: 29	Overall N: 53 G1: 26 G2: 27	Overall N: 53 G1: 26 G2: 27	RCT: parallel, not clustered	Patient	Philadelphia, PA	Pharmacy-based at VAMC	6 months	Foundation or non-profit
Waalén et al., 2009 <sup>56</sup> NA		Overall N: 442 G1: G2:	Overall N: 235 G1: 125 G2: 110	Overall N: 235 G1: 125 G2: 110	Overall N: 211 G1: 109 G2: 102	Overall N: 211 G1: 109 G2: 102	RCT: parallel, not clustered	Patient	San Diego, CA	Kaiser Permanente Department of Preventive Medicine	12	Pharmaceutical
Weinberger et al., 2002 <sup>57</sup> NA		Overall N: 14195 G1: NR G2: NR G3:N	Overall N: 1113 G1: 446 G2: 363 G3: 303	Overall N: 1113 G1: 446 G2: 363 G3: 303	Overall N: 898 G1: 356 G2: 296 G3: 246	Overall N: 898 G1: 356 G2: 296 G3: 246	RCT: cluster-randomized	Pharmacy	Indianapolis, IN	pharmacy	12 months	Government

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
			Religible for initial criteria									
Weymiller et al., 2007 <sup>58</sup>		Statin Choice Randomized Trial	Overall N: 124 G1: NA G2: NA	Overall N: 98 G1: 52 G2: 46	Overall N: 97 G1: 51 G2: 46	Overall N: 97 G1: 51 G2: 46	RCT: cluster-randomized	Other [specify]	Minnesota	Metabolic clinic at the Mayo Clinic	3	Multiple [provide specifics]
Jones et al., 2009 <sup>59</sup>		Statin Choice Randomized Trial										
Williams et al., 2010 <sup>60</sup>		NA	Overall N: 207 MDs (34 practices) G1: NA G2: NA	Overall N: 34 practices (207 providers); G1: 17 practices (88 providers; 1335 patients) G2: 17 practices (105 providers; 1363 patients)	Overall N: 34 practices (206 providers) G1: 17 practices (87 providers; 1040 patients); G2: 17 practices (105 providers; 1034 patients)	Overall N: G1: G2:	RCT: cluster-randomized	Practice (e.g., clinic, residential care facility)	SE Michigan including Detroit	primary care clinics	12 months	Government
Wilson et al., 2010 <sup>61</sup>		Better Outcomes of Asthma Treatment (BOAT); note that there is online	Overall N: 1070 G1: G2:	Overall N: 612 G1: 204 G2: 204 G3: 204	Overall N: 551 G1: 182 G2: 180 G3: 189	Varies by outcome	RCT: parallel, not clustered	Patient	Oakland/Richmond CA, San Francisco CA, Portland Oregon, and Honolulu, Hawaii;	Kaiser Permanente "medical centers"	36 months (measures were obtained 12 months prior to intervention and 24 months post-	Government

First author's last name	Year	Trial name (if applicable)	N Eligible	N Randomized	N Completers	N Analyzed	Study Design	Level of randomization	Setting: Geography (name the city/state/region, as described in the methods)	Healthcare setting (e.g., primary care clinic, pharmacies, etc.)	Study Duration in months (multiply weeks by 0.23)	Funding source
		supplemental material for methods and timeline									intervention)	
Wolever et al., 2010 <sup>62</sup>	NA	Overall N: 64 G1: NR G2: NR	Overall N: 56 G1: 30 G2: 26	Overall N: 47 G1: 25 G2: 22	Overall N: 49 G1: 27 G2: 22	RCT: parallel, not clustered	Patient		North Carolina	Duke University School of Medicine	6	Pharmaceutical
Zhang et al., 2010 <sup>63</sup>	N/A	Overall N: 20,889 G1,G2,G3: Total of 14,965 G4: 5,924	NA	NA	Overall N: 20,889 G1, G2, G3: Total of 14,965 G4: 5924	Before-after study	Other [specify]		Pennsylvania	Administrative data from enrollees in Medicare Advantage products offered by a large insurer	48	Multiple [provide specifics]

**Table D3. Intervention's Disease Focus, Goal, Theoretical Model, and Inclusion/Exclusion Criteria**

First author's last name	Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention	What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?	Inclusion Criteria	Exclusion Criteria	Theoretical model
Bender et al., 2010 <sup>1</sup> NA		Asthma	NA	to improve adherence to controller medications among adults with asthma	patient	Fifty 18- to 65-year-old adults who had physician-diagnosed asthma for which they were prescribed daily inhaled corticosteroid treatment participated. Participants were recruited through newspaper advertising and in cooperation with community allergy practices and they received \$25 for each completed study visit.	(1) Any significant disease or disorder that, in the opinion of the investigator, might influence the results of the study or the patient's ability to participate in the study (this included other chronic health disorders, current substance abuse or dependence, mental retardation, or psychiatric disorder); and (2) current participation in any other asthma-related research or clinical trial.	Other [specify]
Berg et al., 1997 <sup>2</sup> NA		asthma	NA	use a nurse-administered asthma self-management program to improve compliance, asthma symptoms, and airway obstruction among patients in a rural setting	patient	18 years of age and older with a medical diagnosis of asthma who were being treated with prescribed, regularly administered, inhaled medications other than as-needed bronchodilators;	those with other respiratory disorders (i.e. other than asthma) or were current smokers were excluded	Other [specify]
Berger et al., 2005 <sup>3</sup> NA		Multiple sclerosis		Decrease discontinuation of Avonex	patient	currently using Avonex	n-r	Transtheoretical Model of Change (stages of change)

First author's last name	Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention	What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?	Inclusion Criteria	Exclusion Criteria	Theoretical model
Bogner et al., 2008 <sup>4</sup> NA		Depression	Hypertension	(1) fewer depressive symptoms, (2) lower systolic blood pressure and diastolic blood pressure, (3) a greater proportion with 80% or greater adherence to an antidepressant medication, and (4) a greater proportion with 80% or greater adherence to an antihypertensive medication	Patient	(1) aged 50 years and older; (2) a systolic blood pressure of 140 mm Hg or greater or diastolic blood pressure of 90 mm Hg or greater for nondiabetic patients, or a systolic blood pressure of 130 mm Hg or greater or a diastolic blood pressure of 80 mm Hg or greater for patients with diabetes on at least 2 visits in the previous year, or a prescription for an antihypertensive medication within the past year; and (3) a diagnosis of depression or a prescription for an antidepressant medication within the past year.	excluded: cognitively impaired, unable to communicate in English, resided in a care facility that provides medications on a schedule, and unable to use Medication Event Monitoring System (MEMS) caps	Other [specify]
Bogner et al., 2010 <sup>5</sup> NA		Multiple chronic conditions	Diabetes and depression	<u>Adherence Goals:</u> To increase the proportions of participants with $\geq 80\%$ adherence to an oral hypoglycemic agent and $\geq 80\%$ adherence to an antidepressant at 6 weeks, compared	Patient	Ages 50 and older An A1C $>7$ at their last primary care office visit or a prescription for an oral hypoglycemic agent within the past year A diagnosis of depression or a prescription for an antidepressant within the past year	Presence of mania or hypomania, psychotic syndrome, alcohol abuse or dependence, acutely suicidal or psychotic thoughts, cognitive impairment, residing in a care facility that provided medications on schedule, or inability/unwillingness to	Other [specify]

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				to usual care <u>Clinical Goals:</u> To increase the proportion of participants with lower amounts of glycosylated hemoglobin in their blood and fewer depressive symptoms, compared to usual care			use the Medication Event Monitoring System (MEMS)	
Bosworth et al., 2005 <sup>6</sup> V-STITCH		Hypertension	NA	To promote adherence with medication and improve health behaviors	patient	Diagnosis of hypertension by outpatient ICD diagnostic code on outpatient encounter forms, enrolled in Durham VAMC primary care clinic, prescription of hypertensive medication (ACE inhibitors, beta blockers, calcium channel blockers, diuretics, alpha1 blockers, and/or central alpha2 agonists) in the previous year	NR	Prospect Theory
Bosworth et al., 2008 <sup>7</sup> TCYB		Hypertension	NR	To promote medication adherence and improve hypertension-related health	patient	seen in one of the two primary care clinics for at least one year; had a diagnosis of hypertension by outpatient diagnostic	not using or prescribed blood pressure medication; spouse participating in study; not living in a surrounding eight county catchment	Transtheoretical Model of Change (stages of change)
Bosworth et al., 2007 <sup>8</sup>								

First author's last name				What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?			
Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention	Inclusion Criteria	Exclusion Criteria	Theoretical model	
TCYB Methods paper			behaviors	code; using a hypertensive medication at the time of baseline visits	area; receiving kidney dialysis; received organ transplant; planning a pregnancy; hospitalized for stroke; MI; coronary artery revascularization; diagnosis of metastatic cancer in prior 3 months; dementia diagnosis; resident of nursing home or receiving home health care; arm size too large for home blood pressure monitor cuff; severely impaired hearing or speech		
Capoccia et al., 2004 <sup>9</sup> na	Depression	NA	Improving quality of care and outcomes to patients diagnosed with a new episode of depression.	The initial screening included an assessment for depression using the Primary Care Evaluation of Mental Disorders (PRIME-MD13) and two questionnaires to evaluate inclusion and exclusion criteria and alcohol use (Alcohol Use Disorders Identification Test [AUDIT])	Exclusion criteria included (1) age of <18 years, (2) terminal illness, (3) psychosis, (4) recent (within the past 3 months) alcohol (AUDIT score of >8) or substance abuse, (5) two or more suicide attempts, (6) pregnancy or nursing, (7) limited command of the English language, and (8) unwillingness to use UWFMC as a source of care for the next 12 months.	Other [specify]	
Carter et al., 2009 <sup>10</sup> NA	Hypertension	NA	To achieve better guideline	Patient, pharmacists, MDs	Males or females over 21 years of age;	BP medication or dose change within 4 weeks of	

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				adherence, lower mean BP, higher rates of BP control, and higher rates of medication adherence to antihypertensives		Diagnosis of essential hypertension; Taking 0-3 antihypertensives;  Patients without a diagnosis of diabetes :systolic BP (SBP) between 140-179 mm Hg or diastolic BP (DBP) 90-109 mm Hg;  Patients with diabetes: SBP between 130-179 mm Hg or DBP 80-109 mm Hg	baseline visit; Stage 3 hypertension (BP > 180/110 mm Hg); Evidence of hypertensive urgency or emergency; Myocardial infarction or stroke within 6 months prior to screening; New York Heart Association class III or IV heart failure; Unstable angina; Serious renal or hepatic disease; Pregnancy; Poor prognosis (life expectancy < 3 years); Dementia; Cognitive impairment	
Chernew et al., 2008 <sup>11</sup> NA		Multiple chronic conditions	Diabetes, hyperlipidemia, hypertension	Improve medication adherence	Patient	Employees and dependents ages 18 - 64 years who were continuously enrolled for the relevant quarter and the entire previous quarter.	Age ≥65	Other [specify]
Choudhry et al., 2010 <sup>12</sup> NA		Multiple chronic conditions	Diabetes, hypercholesterolemia, coronary artery disease, congestive heart failure, hypertension	To improve medication adherence to statins & clopidogrel among company employees & beneficiaries with diabetes or	Patient & policy	For the statin cohort: Filled a statin prescription between January 1, 2006, & December 31, 2007; Diagnosis of diabetes or vascular disease For the clopidogrel cohort: Filled a	NR	Other [specify]

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				vascular disease by eliminating copayments for statins and lowering copayments for all employees & beneficiaries prescribed clopidogrel		clopidogrel prescription during the same time period as required for inclusion in the statin cohort		
Friedman et al., 1996 <sup>13</sup> NA		Hypertension	heart disease, stroke, diabetes, and other (see baseline characteristics)	monitoring blood pressure and treatment and counseling patients to be adherent	patient	≥60 years, under the care of a physician for hypertension, be prescribed antihypertensive medication, have a systolic blood pressure ≥160 mm Hg or diastolic blood pressure ≥ 90 mm Hg based on an average of two determinations taken 5 minutes apart.	Diagnosis of a life threatening illness, not English speaking, did not have a telephone or could not use one, or refusal to participate.	Other [specify]
Fulmer et al., 1999 <sup>14</sup> NA		Congestive Heart Failure		Increase the proportion of prescribed cardiac medications taken by these patients	patient	Patient of the 2 recruitment sites; primary or secondary diagnosis of CHF; ≥65 years old; resident of Manhattan; no pre-pour medications order; use of an ACE inhibitor, calcium channel blocker, or beta-blocker; fluency in English or Spanish; experience in using a phone; Mini Mental-	N-R	Other [specify]

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						Status Examination score $\geq 20$ ; home equipped with phone and modular phone jack; home not in high-crime building requiring security guard accompaniment for study staff		
Grant et al., 2003 <sup>15</sup> NA		Diabetes	NS	1. Increase medication adherence rates by identifying and reducing barriers; 2. identify and reduce discrepancies between patient-reported and physician-documented medication regimens	patient and physician	1. Type 2 Diabetes Mellitus in claims data confirmed by physician diagnosis found in the medical record during structured chart review; 2. At least one HbA1c and one cholesterol level measured in year before the study; 3. At least one clinic visit in the 6 months preceding the study	1. Terminal illness per medical record; 2. Cognitive deficit per medical record; 3. could not communicate in spoken English	Other [specify]
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program		Elevated cholesterol	at increased risk for first MI	To examine adherence to medication regimens and to recommendations to modify lifestyle risk factors in patients at risk for a first MI	patient	Patients with risk scores $\geq 4$ on a scale of -1 to +16 for men and -1 to +17 for women on the First Heart Attack Risk Test reflecting increased risk of a first MI, elevated total cholesterol despite dietary intervention	Previous MI, current therapy with a statin, membership in a federally funded health care program (except Medicare or plans for federal employees), Medicaid patients, women of childbearing potential	Other [specify]
Hoffman et al., 2003 <sup>17</sup>		Depression	NA	To increase antidepressant	Patient	Patients over 18 years of age who were newly	Excluded if: prescribed combination	Other [specify]

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NA				medication adherence		prescribed antidepressant drug therapy (defined as a prescription claim for antidepressant drug within the last 30 days, with no record of claims for an antidepressant for the 6 months previous to that time); and to have continuous enrollment during the pretreatment period (6 months before) and for at least 12 months after the initial prescription identification.	antidepressant and anxiolytic-type medications; taking clomipramine or fluvoxamine; received one of the following concomitant medications within 120 days before the antidepressant prescription: valproic acid, carbamazepine, lithium, or lamotrigine.	
Hunt et al., 2008 <sup>18</sup> NA		Hypertension	See baseline characteristics	Goal of the study: assess the impact of physician-pharmacist team-based care on blood pressure control, quality of life, and patient satisfaction in patients cared for by all physicians practicing in multiple community-based clinics.	Patient	Patients with known hypertension, an office visit within the past 2 years, a last systolic blood pressure $\geq 160$ mmHg and/or a last diastolic blood pressure $\geq 100$ mmHg.	No blood pressure reading in chart in the previous 2 years, had attended a visit with a pharmacy practitioner in the previous 6 months, or had transferred care out of network.	Other [specify]
Janson et al., 2009 <sup>20</sup> NA		Asthma	NA	self-management education to improve long-term adherence to	patient	18 to 55 years of age with moderate-to-severe persistent asthma (i.e., FEV1 <80% of predicted	received systemic steroids within 4 weeks of study enrollment; with upper respiratory	Other [specify]

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				inhaled corticosteroid (ICS) therapy and markers of asthma control		value, daily symptoms, and 1 nighttime awakening per week), were nonsmokers with 5 or less pack-years of smoking history, and demonstrated spirometric evidence of reversible airflow obstruction or bronchial reactivity to inhaled methacholine	tract infection within 6 weeks of enrollment, pregnancy, or cardiac, gastrointestinal, psychiatric, or other lung disease; or with prior participation in a formal asthma education program; nonreversible airflow obstruction; current smokers	
Janson et al., 2003 <sup>19</sup> NA		asthma	NA	use individual self-management education= to improve adherence to anti-inflammatory medication, biological markers of airway inflammation, and clinical outcomes	patient	History of physician-diagnosed asthma; age between 18 and 55 years; nonsmoking (lifetime smoking history 5 pack-years; none in the last year); and bronchial hyper-responsiveness to inhaled methacholine (concentration causing a 20% fall in forced expiratory volume in 1 second [FEV1] of 8 mg/mL). Subjects with baseline FEV1 60% predicted, 20% variability, or fall in FEV1 with diluent did not undergo methacholine challenge	treatment with oral corticosteroids within 4 weeks; upper respiratory tract infection within 6 weeks; lung disease other than asthma; pregnancy; history of cardiac, gastrointestinal, or psychiatric disease; or prior participation in a formal asthma education program	Other [specify]
Johnson et al., 2006 <sup>21</sup>		Elevated cholesterol	NR	To provide individualized	patient	between ages 21 and 85; prescribed	NR	Transtheoretical Model of

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NR				guidance to improve medication adherence, moderate exercise, and low fat diet		cholesterol medication currently; able to read and speak English		Change (stages of change)
Johnson et al., 2006 <sup>22</sup> NR		Hypertension	NA	To overcome limitations to medication adherence by delivering individualized, theoretically derived interventions for entire populations of individuals, including those who may not be motivated to change	patient	between ages 18 and 80; prescribed medication to treat hypertension; able to read and speak English; not in the maintenance (M) stage of change once the quota for M was reached	excluded by provider	Transtheoretical Model of Change (stages of change)
Katon et al., 1995 <sup>23</sup> NA		Depression	NA	improve treatment of depression to the level recommended by practice guidelines	patient, provider, and structure of delivery of care	20-item symptom checklist depression screening score $\geq 0.75$ ; age 18-80; willing to take anti-depressant medication; diagnosed by PCP as meeting criteria for definite or probable major depression	CAGE score $\geq 2$ ; current psychotic symptoms or suicidal ideation; dementia; pregnancy; terminal illness; limited command of English; plan to dis-enroll from the medical center insurance plan within next 12 months	Other [specify]
Katon et al., 1996 <sup>24</sup> NA		Depression	NR	To improve the management of depression in primary care	patient, provider, and system	Patients who were diagnosed with definite or probable major depression and who agreed to initiate	Current alcohol abuse (screening score of 2 or more on the CAGE questionnaire; current psychiatric symptoms or	Other [specify]

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						antidepressant therapy were screened for eligibility. Eligibility was based on 1) a 20-item depression symptom checklist score of 0.75 or greater, 2) age 18 to 80 years, and 3) willingness to take antidepressant medication.	serious suicide ideation or plan; dementia; pregnancy; terminal illness; limited command of English; and plan to withdraw from the insurance plan within next 12 months.	
Katon et al., 1999 <sup>25</sup> NA		Depression	NA	To improve antidepressant medication adherence; severity of depressive symptoms and functional impairment.	Patient & provider	Receipt of a new antidepressant prescription (no prescriptions within the last 120 days) for diagnosis of depression or anxiety; having 4 or more residual major depressive symptoms or having recurrent depression (2 or more prior episodes) or dysthymia	Screening score of 2 or more on the CAGE alcohol screening questionnaire, pregnant or currently nursing; planning to dis-enroll from the HMO within the next 12 months; currently seeing a psychiatrist; limited command of English; recently used lithium or antipsychotic medication	Other [specify]
Katon et al., 2002 <sup>26</sup> NA								
Katon et al., 2001 <sup>27</sup> NA		Depression	NA	to prevent depression relapse; improve adherence to antidepressant medication; determine whether increased adherence is associated with less depressive symptoms and relapse/recurrence	patient, provider	1) Remission of the index of depressive episode (defined as either less than 4 of the 8 DSM-IV depression criteria or four DSM-IV criteria with an SCL depression score <1.0; and 2) high risk of relapse (defined as a history of 3 or more lifetime depressive	2+ score on the CAGE alcohol questionnaire, plans to dis-enroll from HMO within 12 months, recent use of mood stabilizer or antipsychotic medication, pregnancy or nursing, and current medication management by a psychiatrist, limited command of English, and recently using	Social Cognitive Theory (self-efficacy)
Ludman et al., 2003 <sup>28</sup> NA								
Van Korff et al., 2003 <sup>29</sup> NA								

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				of major depressive episodes; and to increase self-efficacy and behavioral skills for self-management of depression		episodes or a history of dysthymic disorder.	lithium or antipsychotic medication	
Lee et al., 2006 <sup>30</sup> FAME		Not Specified	NR	To improve medication adherence, BP, and LDL cholesterol for a population at increased risk for medication non-adherence	patient	elderly men and women (>=65 years old); taking 4 or more chronic medications daily	did not live independently (assisted living or nursing home residents); presence of any serious medical condition for which 1 year survival was expected to be unlikely	Other [specify]
Lin et al., 2006 <sup>31</sup> NA		Diabetes	Depression	To improve diabetes self-care behaviors, including adherence to diabetes medications, by improving depression treatment	Patient	Aged 18 years or older Enrolled in a Group Health Cooperative health plan At least 2 fasting plasma glucose levels of >126 mg/dL or a random plasma glucose level of >200 mg/dL Current use of any diabetic medications Inpatient or outpatient diagnosis of diabetes Score of 10 or higher on the PHQ-9 and a score of 1.1 or higher on the SCL-20 indicating persistent depression.	Not having diabetes Having gestational diabetes Cognitive impairment Terminal illness Disenrollment or planned disenrollment from the health plan Language or hearing barrier Psychotic disorder Bipolar disorder Use of mood-stabilizing or antipsychotic medication except those on anti-depressant allowed if still had persistent depressive symptoms.	Other [specify]

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							Current care by a psychiatrist	
Mann et al., 2010 <sup>32</sup> The Statin Choice		Diabetes	NS	To improve perceived risk of heart attack and medication adherence to statins of patients with diabetes.	patient	All adult English or Spanish speaking primary care patients with a diagnosis of diabetes.	NR	Other [specify]
Murray et al., 2007 <sup>33</sup> NA		Congestive Heart Failure	NA	To determine whether a pharmacist intervention improves medication adherence and health outcomes compared with usual care for low-income patients with HF.	patient	1) 50 yrs of age or older2) Planned to receive all of their care, including prescribed medications, at Wishard Health Services3) Diagnosis of heart failure confirmed by primary care physician4) Regularly used at least 1 cardiovascular medication for HF, including any of the following: ACE inhibitor/ARB, beta-blocker, diuretic, digoxin, aldosterone antagonist5) Not using or planning to use medication container adherence aid (pill box)6) Access to a working telephone7) Could hear within range of a normal conversation	1) Dementia	NR
Nietert et al., 2009 <sup>34</sup>		Multiple chronic conditions	Diabetes, hypertension,	To improve pharmacy	Patient	Had a prescription written for diabetes	NR	Other [specify]

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NA			hyperlipidemia, heart failure, depression, psychosis	medication refill rates for 1 of 6 chronic diseases among patients identified as being overdue for their prescriptions		mellitus, hypertension, hyperlipidemia, heart failure, depression, and/or psychoses; Had at least 2 refills remaining for at least a 30 days' supply		
Okeke et al., 2009 <sup>35</sup> NA		Glaucoma	Could also be glaucoma suspect or have ocular hypertension (rather than having glaucoma diagnosis)	Improve adherence with topical, once daily glaucoma medication	Patient	Patients had diagnosis of open angle glaucoma, angle-closure glaucoma, glaucoma suspect, or ocular hypertension; ≥18 years old; using or prescribed a topical prostaglandin analog; able to return for 3- and 6-month follow-up visits; ≤75% adherence to eye drops during phase 1 of the study--a 3-month observational cohort.	Not able to understand the study, did not instill their own drops, incapable of using the dosing aid.	
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial		Diabetes	NA	To educate, motivate, and facilitate patients and their support persons to work together to improve the patients' cardiovascular risk, health-related quality of life, and satisfaction with health care	Patient	At least 21 years old and able to give informed consent Either type 2 diabetes based on chart review according to American Diabetes Association diagnostic criteria or the diagnosis of type 2 diabetes recorded by the PCP along with a HbA1C level ≥8.0%, random serum glucose level >200 mg/dL, or current	NS	Health Belief Model

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						prescription for an antidiabetic drugHypertension with suboptimal control, with or without uncontrolled dyslipidemiaPrepared to designate a support person with whom the patient would be in contact for the next 12 monthsNot pregnant or planning to become pregnant within the next 12 monthsPlanning to be available for follow-up for at least the next 12 months		
Powell et al., 1995 <sup>37</sup> NA		Multiple chronic conditions	Hypertension, hyperlipidemia	To improve medication adherence by enhancing patients' knowledge about their disease/condition and their prescribed treatment for it	Patient	A member of a specific large Midwestern HMO (i.e., receiving medical & prescription drug coverage through the plan); Had a pharmacy claim for benazepril, metoprolol, simvastatin, or transdermal estrogen	NR	Other [specify]
Pyne et al., 2011 <sup>38</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)		Depression	HIV	apply collaborative care of depression model to HIV settings for: improved depression severity, health-related QOL, health	intervention targeted at patients and providers: educated patients, made treatment recommendations	Providers: doesn't address provider participation - not clear if all providers at participating clinics enrolled in the study Participants: (1) a current 9-item Patient	(1) No access to a telephone, (2) current acute suicidal ideation, (3) significant cognitive impairment as indicated by a score higher than 10 on the Blessed Orientation-Memory-	Other [specify]

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				status, HIV symptom severity, and medication regimen adherence	for providers	Health Questionnaire (PHQ-9) depression score of 10 or higher and (2) current treatment in the VA HIV clinic. A PHQ-9 score of at least 10 has strong psychometric properties in primary care settings (e.g., 99% sensitivity and 91% specificity).	Concentration Test, and (4) history of bipolar disorder or schizophrenia.	
Rich et al., 1996 <sup>39</sup> NA		Congestive Heart Failure	NA	To use a multidisciplinary approach to improve medication compliance rates among the elderly with congestive heart failure	patient	patients aged 70 or older who were admitted to a university teaching hospital with congestive heart failure as defined by presence of typical symptoms (e.g. exertional dyspnea, orthopnea, impaired activity tolerance) and physical findings (elevated jugular venous pressure, pulmonary rales, S3 gallop, dependent edema), in conjunction with radiographic evidence of pulmonary congestion and a favorable response to diuresis.	severe dementia defined as inability to assist with self-care, other life-threatening illnesses, patients discharged to long-term care facility	Other [specify]
Rickles et al., 2005 <sup>40</sup> NA		Depression	NA	(1) Greater frequency of patient feedback to pharmacist, (2)	patient	no antidepressant use in the past 4 months, were 18 years or older, were willing to pick up	Excluded if Beck Depression Inventory (BDI-II) score below 16, required a translator,	Other [specify]

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				fewer missed antidepressant (AD) doses, (3) greater AD knowledge, (4) more positive AD beliefs, (5) a more positive orientation toward treatment progress, and (6) greater improvement in depression symptoms.		their antidepressant from a study pharmacy during the next 4 months, had no hearing impairment, and planned to be in the local area during the next 4 months.	were pregnant or nursing, were receiving medications for a psychotic or bipolar disorder, and/or had physical conditions requiring additional caution with their antidepressant.	
Ross et al., 2004 <sup>41</sup> NR		Congestive Heart Failure	NA	To improve self-efficacy, adherence, satisfaction, and possibly health status	combination [patient, system]	patients of a specialty clinic for heart failure at University of Colorado Hospital; spoke English; 18 years old or older; use of Web browser before	physicians, nurses, physician assistants, nurse practitioners	Other [specify]
Rudd et al., 2009 <sup>43</sup> NA		Inflammatory Arthritis	Also included patients with rheumatoid arthritis and psoriatic arthritis	To test how effective educational interventions are in reducing barriers to literacy and improve outcomes including medication adherence in patients with inflammatory arthritis	Patient	Patients with rheumatoid arthritis, psoriatic arthritis, and inflammatory arthritis; had ≥1 visit with rheumatologist (the rheumatologist must have consented to helping with the study)	<18 years old; medical professionals; post-graduate degree; visual impairment affecting reading ability; non-English-speakers	

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Rudd et al., 2004 <sup>42</sup> NA		Hypertension	NA	To increase patient education and frequent home blood pressure monitoring	combination [patient, system of care]	Eligible for hypertensive drug therapy according to JNC VI criteria (presence of coronary risk factors, age>60 years, or a family history of premature cardiovascular disease or target organ damage); mean of two BP values $\geq 150/95$ mmHg on two screening visits conducted on separate days at least 1 week apart	NR	Social Cognitive Theory (self-efficacy)
Schaffer et al., 2004 <sup>44</sup> NA		asthma	NA	The study primarily compared the effects of a theoretically focused audiotape or a standard educational booklet, or both of these, on adherence to asthma preventive medication.	patient	NR	NR	Protection Motivation Theory
Schectman et al., 1994 <sup>45</sup> NA		Elevated cholesterol	NA	To improve patient adherence and tolerance to niacin and BAS therapy	patient	patients with hyperlipidemia requiring treatment with either niacin or BAS; did not previously take or currently taking niacin or BAS; access to a telephone	NR	Other [specify]

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Schneider et al., 2008 <sup>46</sup> NA		Hypertension	N-A	Improve adherence and clinical outcomes	Patient	≥65 years old, diagnosis of essential hypertension	cognitive impairment, visual impairment, severe arthritis, terminal illness that may result in death or impairment during study	
Schnipper et al., 2006 <sup>47</sup> NA		Other [specify]		Reduce the rate of preventable adverse drug events	system, patient	Patients admitted on the general medicine service who were being discharged home and who could be contacted 30 days after discharge, spoke English; if cognitively impaired, they were included if they lived with someone who administered their meds regularly, could provide consent, and was willing to be the recipient of pharmacist interventions	N-R	
Simon et al., 2006 <sup>48</sup> na		Depression	NA	NR; however, implicitly it is to use low intensity phone care management system to diminish depressive symptoms and functional impairment with low insensitivity are	patient and provider	aged 18 years or older, received a new antidepressant prescription from a psychiatrist (that is, no antidepressant use in the past 90 days according to computerized pharmacy data), received a visit diagnosis of a depressive disorder in the past 30 days, and had no recorded	Exclusion criteria assessed during the baseline interview included a score on the SCL depression scale that was less than .5 (that is, remission of depression), regular use of antidepressant medication in the prior 90 days (that is, the index prescription was not actually a new	Other [specify]

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						diagnosis of bipolar disorder or schizophrenia in the past two years.	prescription), and cognitive, language, or hearing impairment severe enough to preclude participation	
Sledge et al., 2006 <sup>49</sup> NA		Other [specify]	N-A	Decrease inpatient readmission rates, reduce use of emergency services, reduce total costs, improve health outcomes (including adherence)	patient, provider	≥18 years old, ≥2 medical or surgical hospital admissions during eligibility phase (12m prior to patient selection efforts)	Outliers who had hospital cost greater than 2 SDs of log transformed mean total cost, Charlson Comorbidity Index >5	
Smith et al., 2008 <sup>50</sup> NR		Myocardial Infarction	NR	To promote adherence to beta-blocker therapy following myocardial infarction	patient and providers	discharge diagnosis of MI (International Classification of Diseases, Ninth Revision codes 410.xx) between December 1, 2003 (start of enrollment), and June 18, 2004 (end of enrollment), who were at least 18 years old and had a beta blocker prescription dispensed (first beta blocker prescription was the index) before June 18, 2004, health plan and prescription eligibility and to have survived between MI and intervention mailing	died or lost health plan eligibility before intervention and during follow-up period	Other [specify]

First author's last name				What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?			
Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention		Inclusion Criteria	Exclusion Criteria	Theoretical model
Solomon et al., 1998 <sup>51</sup> na	Chronic Obstructive Pulmonary Disease	Hypertension	To improve compliance to medication regimen, satisfaction with care, knowledge about disease and management, and quality of life in the intervention group compared to the control group.	Patient	For both groups: - could read and write English- signed informed consent- able to understand the study proceduresHypertension group:- currently receiving dihydropyridine therapy or dihydropyridine and diuretic therapy for hypertension- 18 years of age or olderCOPD group:- ambulatory COPD patient at the institution- received pulmonary function tests to document a diagnosis of COPD- currently being treated for a diagnosis of COPD per American Thoracic Society criteria- currently receiving a pharmacotherapeutic regimen that included at least one metered dose inhaler for treatment of COPD- mentally and physically capable of using an MDI/spacer inhaler- 40 years of age or older- had access to a telephone	For both groups:- evidence of alcohol or drug abuse within the past year that would likely interfere with performance of the study- refused to give informed consent- had participated in any investigational drug trial within 30 days prior to enrollment or was scheduled to participate in any other study during conduct of the trialHypertension group:- symptomatic heart failure- currently taking any antihypertensive agent other than a dihydropyridine or a diureticCOPD group:- a history of severe, life-threatening COPD defined as a history of mechanical ventilation during the past year or a life expectancy of <6 months- had been hospitalized or had visited the emergency department during the past two weeks- had a lung infection in the two weeks prior to	Other [specify]
Gourley et al., 1998 <sup>52</sup> NA							

First author's last name	Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention	What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?	Inclusion Criteria	Exclusion Criteria	Theoretical model
Stacy et al., 2009 <sup>53</sup> NA		Elevated cholesterol	NA	To increase statin adherence/persistence by enhancing both intrinsic motivations for medication persistence and self-management.	patient	recently filled a prescription for a statin, continuously enrolled in the plan with a pharmacy benefit for a minimum of 12 months prior to the date of the index statin; no pharmacy claims evidence of any lipid-lowering agent in the 6-month period prior to the index statin; 21 years of age or older; a statin prescription with a 30-day supply; remained continuously enrolled in plan with a pharmacy benefit for a minimum of 6 months after index statin date	enrollment-decompensated congestive heart failure Class III or IV- had been diagnosed with any other lung disease except for concomitant asthma	Transtheoretical Model of Change (stages of change)
Taylor et al., 2003 <sup>54</sup> NA		Other [specify]	Multiple Conditions	Improve the prevention, detection, and resolution of drug-related problems.	patient, provider	Adult patients (18 years or older) who received care at the participating clinics and were identified as being at high risk for medication-related adverse events (presence of three or	Significant cognitive impairment, a history of missed office visits, scheduling conflicts, or a life expectancy of less than one year	Other [specify]

First author's last name	Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention	What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?	Inclusion Criteria	Exclusion Criteria	Theoretical model
						more of the following risk factors: five or more medications in the drug regimen, 12 or more doses per day, four or more medication changes in the previous year, three or more concurrent diseases, a history of medication noncompliance, and the presence of drugs requiring therapeutic monitoring)		
Vivian et al., 2002 <sup>55</sup> NA		Hypertension	NA	To determine whether a pharmacist-managed hypertension clinic improves treatment outcomes (medication compliance, blood pressure control, diabetes control, patient satisfaction, quality of life) in patients with hypertension	patient	older than 18 years old; confirmed diagnosis of essential hypertension (systolic BP >140 mmHg or diastolic BP >90 mmHg), receiving antihypertensive drug therapy (and BP >140/90 mmHg), receiving all drugs from a Veterans Affairs Medical Center pharmacy, not receiving care at the pharmacist-managed clinic until the study began	secondary cause of hypertension such as chronic renal disease, renovascular disease, pheochromocytoma, Cushing's syndrome, and primary aldosteronism; missed more than 3 appointment in the last year; in hypertensive crisis, diagnosis of NYHA class III or IV chronic heart failure, end-stage renal disease, a psychiatric disorder, severe hepatic dysfunction, terminal cancer, or other condition that limited life expectancy to less than a year	Other [specify]

First author's last name				What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?			
Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention		Inclusion Criteria	Exclusion Criteria	Theoretical model
Waalén et al., 2009 <sup>56</sup> NA	Osteoporosis	N-A	improve use of medication 1 year after prescription	Patient	Female, ≥60 years old, had uncomplicated osteoporosis (per National Osteoporosis Foundation guidelines), not previously identified as having osteoporosis	Secondary osteoporosis other than Vitamin D deficiency, unable to provide consent, spoke in a language precluding conversing with study staff	
Weinberger et al., 2002 <sup>57</sup> NA	Other [specify]	asthma and COPD	not stated, but implicitly to use a pharm care to improve patients' peak expiratory flow rate (PEFR), health-related quality of life (HRQOL), medication compliance, and to decrease breathing-related emergency department (ED) or hospital visits; also to increase patient satisfaction with care and with their pharmacist	provider (i.e. pharmacist), but outcomes measured at patient level	Inclusion criteria for drugstores not described; Inclusion criteria for patients: filled a prescription formethylxanthines, inhaled corticosteroids, inhaled or oral sympathomimetics, inhaled parasympathetic antagonists, or inhaled cromolyn sodium during the preceding 4 months; (2) reported having COPD or asthma as an active problem; (3) were 18 years or older; (4) received 70% or more of their medications from a single study drugstore; (5) reported no significant impairment in vision, hearing, or speech that precluded participation; (6) did not reside in an institution (e.g., nursing home); and	not reported	Other [specify]

First author's last name	Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention	What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?	Inclusion Criteria	Exclusion Criteria	Theoretical model
						(7) provided written informed consent.		
Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial		Diabetes	NA	To estimate the extent to which the Statin Choice decision aid compared with usual care plus a standard pamphlet was acceptable to patients, could improve patient knowledge, and reduced decisional conflict in choosing whether or not to use a statin	Patient	Had type 2 diabetes Were referred to the clinic Had no contraindications to statin use	NR	Other [specify]
Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial				To test the hypothesis that improvements in the conversations between patients and their clinicians about therapy can enhance adherence.		Able (no major hearing, visual, or cognitive impairment or did not require translation) and willing to provide informed consent Available for follow-up at 3 months		
Williams et al., 2010 <sup>60</sup> NA		asthma	NA	Implicit - to improve patient adherence to ICS by facilitating the provision of adherence feedback from physicians	providers were targeted but outcomes measured among patients	Providers: Health system primary care providers (i.e., in the areas of family practice, internal medicine, and pediatrics) were invited to participate. Pt eligibility: a previous electronic	patient: diagnosis of chronic obstructive pulmonary or congestive heart failure after January 19, 2005;	Other [specify]

First author's last name	Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention	What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?	Inclusion Criteria	Exclusion Criteria	Theoretical model
						prescription for an ICS between January 19, 2005, and April 30, 2007; age 5 to 56 years as of April 30, 2007; continuous enrollment in the affiliated health maintenance organization (HMO) for at least 1 year before April 30, 2007; prescription drug coverage as of April 30, 2007; at least 1 physician diagnosis of asthma and at least 1 visit to a primary care provider in the year before April 30, 2007. Patients meeting these criteria were invited by letter to participate in the study		
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline		Asthma	NA	SDM approach would exhibit greater adherence to controller medications, better quality of life, and lower health care utilization for acute symptoms than patients who	patient	KP members, aged 18–70 years, with evidence suggestive of poorly controlled asthma, were identified at five clinical sites using computerized records of overuse of rescue medications (a controller/[controller 1 rescue medication] ratio <0.5 and at least three b-agonist dispensings in	intermittent asthma (brief exacerbations or symptoms less than once/wk), primary diagnosis of chronic obstructive pulmonary disease or emphysema, insufficient pulmonary function reversibility (for ex-/current smokers and those without regular controller use), regular	Shared Decision Making

First author's last name	Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention	What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?	Inclusion Criteria	Exclusion Criteria	Theoretical model
				received usual care (no asthma care management);		the past year) or a recent asthma-related emergency department (ED) visit or hospitalization.	use of oral corticosteroids, and current asthma care management.	
Wolever et al., 2010 <sup>62</sup> NA		Diabetes	NA	To improve lifestyle behaviors, psychosocial functioning, and A1C	Patients	Patients were required to be English speaking, at least 18 years of age, have a diagnosis of type 2 diabetes for at least 1 year, be taking oral diabetes medication for at least 1 year, and have medical and pharmacy benefits available to the study team	Exclusion criteria included dementia, Alzheimer's disease, schizophrenia, or other cognitive impairment that would preclude informed consent	Other [specify]
Zhang et al., 2010 <sup>63</sup> NA		Multiple chronic conditions	NA	Medicare Part D was intended to reduce the burden of high drug costs on the elderly and to reduce the underuse of medication due to cost.	Patient	Enrolled between January 2003 and December 2007 in Medicare Advantage products, had at least two claims with a diagnosis of hyperlipidemia, diabetes, or hypertension, and filled at least one prescription for the diagnosed condition (for diabetes, focused on patients taking oral diabetes medications), included patients also had to be continuously enrolled between 2004 and 2007, 24 months	NR	Other [specify]

First author's last name				What was the target of the Intervention (e.g., system, policy, provider, or patient, or some combination [specify combination])?	Inclusion Criteria	Exclusion Criteria	Theoretical model
Year	Name of disease or condition	Specify other dx or combinations of dx	Goal of Intervention				
					before and 24 months after Part D implementation.		

Table D4. Key Questions 1-3

First author's last name	Relevant for KQ1a? (provider, patient, or system-directed intervention)	Improvement in medication adherence?	Relevant for KQ1b (health or other outcomes) beyond med adherence?	Relevant for KQ2 a? (policy intervention)	Improvement in medication adherence?	Relevant for KQ2b (health or other outcomes) beyond med adherence?	Relevant for KQ3a? That is, Intervention characteristics described?	Relevant for KQ3 b? That is, any analysis of medication adherence outcomes by intervention characteristics ? NOTE: Yes only when direct comparisons are reported.
Bender et al., 2010 <sup>1</sup> NA	Yes	Yes	No	No	NA	No	Yes	No
Berg et al., 1997 <sup>2</sup> NA	Yes	Yes	Yes	No	NA	NA	Yes	NA
Berger et al., 2005 <sup>3</sup> NA	Yes	Yes	no	no	NA	NA	Yes	no
Bogner et al., 2008 <sup>4</sup> NA	Yes	Yes	Yes	No	NA	No	Yes	NA
Bogner et al., 2010 <sup>5</sup> NA	Yes	Yes	Yes	No	NA	NA	No	No
Bosworth et al., 2005 <sup>6</sup> V-STITCH	Yes	No	No	No	NA	No	Yes	No
Bosworth et al., 2008 <sup>7</sup> TCYB	Yes	Yes	No	No	NA	No	Yes	No
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper								
Capoccia et al., 2004 <sup>9</sup> NA	Yes	No	No	No	NA	no	Yes	no
Carter et al.,	Yes	No	Yes	No	NA	No	Yes	No

First author's last name	Relevant for KQ1a? (provider, patient, or system-directed intervention)	Improvement in medication adherence?	Relevant for KQ1b (health or other outcomes) beyond med adherence?	Relevant for KQ2 a? (policy intervention)	Improvement in medication adherence?	Relevant for KQ2b (health or other outcomes) beyond med adherence?	Relevant for KQ3a? That is, Intervention characteristics described?	Relevant for KQ3 b? That is, any analysis of medication adherence outcomes by intervention characteristics ? NOTE: Yes only when direct comparisons are reported.
2009 <sup>10</sup> NA								
Chernew et al., 2008 <sup>11</sup> NA	No	NA	NA	Yes	Yes	No	No	No
Choudhry et al., 2010 <sup>12</sup> NA	No	NA	No	Yes	Yes	No	No	No
Friedman et al., 1996 <sup>13</sup> NA	Yes	Yes	Yes	No	NA	NA	Yes	No
Fulmer et al., 1999 <sup>14</sup> NA	Yes	Yes	Yes	no	NA	NA	Yes	Yes, study comparison is of a single intervention characteristic (KQ3b results = KQ1/KQ2 results)
Grant et al., 2003 <sup>15</sup> NA	Yes	No	No	No	NA	NA	Yes	No
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program	Yes	No	No	No	NA	No	Yes	No
Hoffman et al., 2003 <sup>17</sup> NA	Yes	Yes	No	No	NA	NA	Yes	No

First author's last name	Relevant for KQ1a? (provider, patient, or system-directed intervention)	Improvement in medication adherence?	Relevant for KQ1b (health or other outcomes) beyond med adherence?	Relevant for KQ2 a? (policy intervention)	Improvement in medication adherence?	Relevant for KQ2b (health or other outcomes) beyond med adherence?	Relevant for KQ3a? That is, Intervention characteristics described?	Relevant for KQ3 b? That is, any analysis of medication adherence outcomes by intervention characteristics ? NOTE: Yes only when direct comparisons are reported.
Hunt et al., 2008 <sup>18</sup> NA	Yes	No	No	No	NA	NA	Yes	No
Janson et al., 2003 <sup>19</sup> NA	Yes	Yes	Yes	no	NA	no	Yes	no
Janson et al., 2009 <sup>20</sup> NA	Yes	Yes	Yes	No	NA	No	Yes	NA
Johnson et al., 2006 <sup>21</sup> NR	Yes	Yes	No	No	NA	No	Yes	No
Johnson et al., 2006 <sup>22</sup> NR	Yes	Yes	No	No	NA	No	Yes	No
Katon et al., 1996 <sup>24</sup> NA	Yes	Yes	Yes	No	NA	NA	Yes	No
Katon et al., 1995 <sup>23</sup> NA	Yes	Yes	Yes	no	NA	NA	Yes	no
Katon et al., 1999 <sup>25</sup> NA	Yes	Yes	Yes	No	NA	NA	No	No
Katon et al., 2002 <sup>26</sup> NA								
Katon et al., 2001 <sup>27</sup> NA	Yes	Yes	Yes	No	NA	NA	Yes	No

First author's last name	Relevant for KQ1a? (provider, patient, or system-directed intervention)	Improvement in medication adherence?	Relevant for KQ1b (health or other outcomes) beyond med adherence?	Relevant for KQ2 a? (policy intervention)	Improvement in medication adherence?	Relevant for KQ2b (health or other outcomes) beyond med adherence?	Relevant for KQ3a? That is, Intervention characteristics described?	Relevant for KQ3 b? That is, any analysis of medication adherence outcomes by intervention characteristics ? NOTE: Yes only when direct comparisons are reported.
Ludman et al., 2003 <sup>28</sup> NA								
Van Korff et al., 2003 <sup>29</sup> NA								
Lee et al., 2006 <sup>30</sup> FAME	Yes	Yes	Yes	No	NA	No	Yes	No
Lin et al., 2006 <sup>31</sup> NA	Yes	No	NA	No	NA	NA	Yes	No
Mann et al., 2010 <sup>32</sup> The Statin Choice	Yes	No	No	No	NA	No	Yes	NO
Murray et al., 2007 <sup>33</sup> n/a	Yes	Yes, during months 1-9, then no in months 9-12 following intervention cessation	Yes	No	NA	NA	Yes	No
Nietert et al., 2009 <sup>34</sup> NA	Yes	No	NA	No	NA	No	Yes	Yes, study comparison is of a single intervention characteristic (KQ3b results = KQ1/KQ2 results)
Okeke et al., 2009 <sup>35</sup>	Yes	Yes	Yes	No	NA	NA	Yes	No

First author's last name	Relevant for KQ1a? (provider, patient, or system-directed intervention)	Improvement in medication adherence?	Relevant for KQ1b (health or other outcomes) beyond med adherence?	Relevant for KQ2 a? (policy intervention)	Improvement in medication adherence?	Relevant for KQ2b (health or other outcomes) beyond med adherence?	Relevant for KQ3a? That is, Intervention characteristics described?	Relevant for KQ3 b? That is, any analysis of medication adherence outcomes by intervention characteristics ? NOTE: Yes only when direct comparisons are reported.
Year								
Trial name (if applicable)								
NA								
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Yes	No	NA	No	NA	NA	Yes	No
Powell et al., 1995 <sup>37</sup> NA	Yes	No	No	No	NA	No	No	No
Pyne et al., 2011 <sup>38</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	Yes	No	Yes	No	NA	NA	Yes	NA
Rich et al., 1996 <sup>39</sup> NA	Yes	Yes	Yes	No	NA	No	Yes	No
Rickles et al., 2005 <sup>40</sup> NA	Yes	No	No	No	NA	No	Yes	No
Ross et al., 2004 <sup>41</sup> NR	Yes	Yes	Yes	No	NA	No	No	No
Rudd et al., 2004 <sup>42</sup> NA	Yes	Yes	Yes	No	NA	No	Yes	No
Rudd et al., 2009 <sup>43</sup> NA	Yes	no	no	No	NA	NA	Yes	No
Schaffer et al., 2004 <sup>44</sup> NA	Yes	Yes	Yes	no	NA	no	Yes	no

First author's last name	Relevant for KQ1a? (provider, patient, or system-directed intervention)	Improvement in medication adherence?	Relevant for KQ1b (health or other outcomes) beyond med adherence?	Relevant for KQ2 a? (policy intervention)	Improvement in medication adherence?	Relevant for KQ2b (health or other outcomes) beyond med adherence?	Relevant for KQ3a? That is, Intervention characteristics described?	Relevant for KQ3 b? That is, any analysis of medication adherence outcomes by intervention characteristics ? NOTE: Yes only when direct comparisons are reported.
Schectman et al., 1994 <sup>45</sup> NA	Yes	No	No	No	NA	No	Yes	No
Schneider et al., 2008 <sup>46</sup> NA	Yes	Yes	Yes	No	NA	NA	Yes	No
Schnipper et al., 2006 <sup>47</sup> NA	Yes	No	no	no	NA	no	Yes	no
Simon et al., 2006 <sup>48</sup> NA	Yes	No	Yes	No	no	NA	Yes	no
Sledge et al., 2006 <sup>49</sup> NA	Yes	no	no	no	NA	no	Yes	no
Smith et al., 2008 <sup>50</sup> NR	Yes	Yes	No	No	NA	No	Yes	No
Solomon et al., 1998 <sup>51</sup> n/a	Yes	Yes	Yes	No	NA	NA	Yes	No
Gourley et al., 1998 <sup>52</sup> NA								
Stacy et al., 2009 <sup>53</sup> NA	Yes	Yes	No	No	NA	NA	Yes	No
Taylor et al., 2003 <sup>54</sup> NA	Yes	no	no	no	NA	NA	Yes	no
Vivian et al.,	Yes	No	No	No	NA	No	Yes	No

First author's last name	Relevant for KQ1a? (provider, patient, or system-directed intervention)	Improvement in medication adherence?	Relevant for KQ1b (health or other outcomes) beyond med adherence?	Relevant for KQ2 a? (policy intervention)	Improvement in medication adherence?	Relevant for KQ2b (health or other outcomes) beyond med adherence?	Relevant for KQ3a? That is, Intervention characteristics described?	Relevant for KQ3 b? That is, any analysis of medication adherence outcomes by intervention characteristics ? NOTE: Yes only when direct comparisons are reported.
2002 <sup>55</sup> NA								
Waalén et al., 2009 <sup>56</sup> NA	Yes	Yes	no	no	NA	No	Yes	No
Weinberger et al., 2002 <sup>57</sup> NA	Yes	No	No	No	NA	No	Yes	No
Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial	Yes	No	No	No	NA	No	Yes	Yes, study comparison is of a single intervention characteristic (KQ3b results = KQ1/KQ2 results)
Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial								
Williams et al., 2010 <sup>60</sup> NA	Yes	No	Yes	No	NA	NA	Yes	Yes, study comparison is of a single intervention characteristic (KQ3b results = KQ1/KQ2 results)
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment	Yes	Yes	Yes	No	NA	NA	Yes	Yes, study comparison is of a single intervention characteristic

First author's last name	Relevant for KQ1a? (provider, patient, or system-directed intervention)	Improvement in medication adherence?	Relevant for KQ1b (health or other outcomes beyond med adherence?)	Relevant for KQ2 a? (policy intervention)	Improvement in medication adherence?	Relevant for KQ2b (health or other outcomes beyond med adherence?)	Relevant for KQ3a? That is, Intervention characteristics described?	Relevant for KQ3 b? That is, any analysis of medication adherence outcomes by intervention characteristics? NOTE: Yes only when direct comparisons are reported. (KQ3b results = KQ1/KQ2 results)
Year								
Trial name (if applicable)								
(BOAT); note that there is online supplemental material for methods and timeline								
Wolever et al., 2010 <sup>62</sup>	Yes	Yes	Yes	No	NA	NA	No	NA
NA								
Zhang et al., 2010 <sup>63</sup>	No	NA	NA	Yes	Yes	No	No	No
N/A								

Table D5. Key Questions 4-5

First author's last name					Relevant for KQ5? That is, any harms associated with the intervention described?
Year	Any medication adherence outcomes reported for subgroups (relevant for KQ 4)?	List relevant subgroups	Study entirely conducted in a vulnerable subpopulation (relevant for KQ 4)?	List relevant vulnerable subpopulation	
Trial name (if applicable)					
Bender et al., 2010 <sup>1</sup> NA	No	NA	No	NA	No
Berg et al., 1997 <sup>2</sup> NA	No	NA	No	NA	No
Berger et al., 2005 <sup>3</sup> NA	no	NA	no	NA	no
Bogner et al., 2008 <sup>4</sup> NA	Yes	Depression and diabetes co-morbidity	Yes	Depression and diabetes co-morbidity	No
Bogner et al., 2010 <sup>5</sup> NA	Yes	Older African Americans	Yes	Older African American primary care patients	No
Bosworth et al., 2005 <sup>6</sup> V-STITCH	No	NA	No	NA	No
Bosworth et al., 2008 <sup>7</sup> TCYB	No	NA	No	NA	No
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper					
Capoccia et al., 2004 <sup>9</sup> na	no	na	no	na	no
Carter et al., 2009 <sup>10</sup> NA	No	NA	No	NA	Yes
Chernew et al., 2008 <sup>11</sup> NA	No	NA	No	NA	No
Choudhry et al., 2010 <sup>12</sup> NA	No	NA	No	NA	No
Friedman et al., 1996 <sup>13</sup> NA	No	NA	No	NA	No
Fulmer et al., 1999 <sup>14</sup> NA	Yes	Elderly	Yes	Elderly	no
Grant et al., 2003 <sup>15</sup> NA	No	NA	No	NA	No
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program	No	NA	No	NA	No

First author's last name					Relevant for KQ5? That is, any harms associated with the intervention described?
Year	Any medication adherence outcomes reported for subgroups (relevant for KQ 4)?	List relevant subgroups	Study entirely conducted in a vulnerable subpopulation (relevant for KQ 4)?	List relevant vulnerable subpopulation	
Trial name (if applicable)					
Hoffman et al., 2003 <sup>17</sup> NA	No	NA	No	NA	No
Hunt et al., 2008 <sup>18</sup> NA	No	NA	No	NA	No
Janson et al., 2003 <sup>19</sup> NA	no	na	no	nr	no
Janson et al., 2009 <sup>20</sup> NA	No	na	No	na	no
Johnson et al., 2006 <sup>22</sup> NR	No	NA	No	NA	No
Johnson et al., 2006 <sup>21</sup> NR	No	NA	No	NA	No
Katon et al., 2001 <sup>27</sup> NA	No	NA	No	NA	No
Ludman et al., 2003 <sup>28</sup> NA					
Van Korff et al., 2003 <sup>29</sup> NA					
Katon et al., 1995 <sup>23</sup> NA	Yes	Major depression	no	na	no
Katon et al., 1996 <sup>24</sup> NA	Yes	Major depression	No	NA	No
Katon et al., 1999 <sup>25</sup> NA	Yes	Moderate- and high-severity depression	No	NA	No
Katon et al., 2002 <sup>26</sup> NA					
Lee et al., 2006 <sup>30</sup> FAME	Yes	Elderly ≥ 65 yrs old	Yes	Elderly ≥ 65 yrs old	No
Lin et al., 2006 <sup>31</sup> NA	Yes	Depression and diabetes co-morbidity	Yes	Depression and diabetes co-morbidity	No
Mann et al., 2010 <sup>32</sup> The Statin Choice	No	NA	No	NA	No
Murray et al., 2007 <sup>33</sup> n/a	No	NA	No	NA	Yes

First author's last name					Relevant for KQ5? That is, any harms associated with the intervention described?
Year	Any medication adherence outcomes reported for subgroups (relevant for KQ 4)?	List relevant subgroups	Study entirely conducted in a vulnerable subpopulation (relevant for KQ 4)?	List relevant vulnerable subpopulation	
Trial name (if applicable)					
Nietert et al., 2009 <sup>34</sup> NA	No	NA	No	NA	No
Okeke et al., 2009 <sup>35</sup> NA	No	N-A	No	N-A	No
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	No	NA	No	NA	No
Powell et al., 1995 <sup>37</sup> NA	No	NA	No	NA	No
Pyne et al., 2011 <sup>38</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	Yes	HIV comorbidity	Yes	HIV comorbidity	No
Rich et al., 1996 <sup>39</sup> NA	Yes	Elderly (>= 70 years old)	Yes	Elderly (>= 70 years old)	No
Rickles et al., 2005 <sup>40</sup> NA	No	na	No	na	No
Ross et al., 2004 <sup>41</sup> NR	No	NA	No	NA	No
Rudd et al., 2004 <sup>42</sup> NA	No	NA	No	NA	No
Rudd et al., 2009 <sup>43</sup> NA	No	NA	No	NA	No
Schaffer et al., 2004 <sup>44</sup> NA	No	NA	no	NA	no
Schectman et al., 1994 <sup>45</sup> NA	No	NA	No	NA	Yes
Schneider et al., 2008 <sup>46</sup> NA	Yes	Elderly (≥65 years old)	Yes	Elderly (≥65 years old)	No
Schnipper et al., 2006 <sup>47</sup> NA	no	na	no	na	no
Simon et al., 2006 <sup>48</sup> na	no	na	no	na	
Sledge et al., 2006 <sup>49 #2608</sup> NA	no	na	no	na	no
Smith et al., 2008 <sup>50</sup> NR	No	NA	No	NA	No

First author's last name					Relevant for KQ5? That is, any harms associated with the intervention described?
Year	Any medication adherence outcomes reported for subgroups (relevant for KQ 4)?	List relevant subgroups	Study entirely conducted in a vulnerable subpopulation (relevant for KQ 4)?	List relevant vulnerable subpopulation	
Trial name (if applicable)					
Solomon et al., 1998 <sup>51</sup> n/a	no	na	no	na	No
Gourley et al., 1998 <sup>52</sup> NA					
Stacy et al., 2009 <sup>53</sup> NA	No	NA	No	NA	No
Taylor et al., 2003 <sup>54</sup> NA	Yes	High risk patients in rural medically underserved area	Yes	High risk patients in rural medically underserved area	no
Vivian et al., 2002 <sup>55</sup> NA	No	NA	No	NA	No
Waalén et al., 2009 <sup>56</sup> NA	No	N-A	No	N-A	No
Weinberger et al., 2002 <sup>57</sup> NA	No	na	no	na	no
Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial	No	NA	No	NA	Yes
Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial					
Williams et al., 2010 <sup>60</sup> NA	No	NA	No	na	no
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	No	NA	No	Na	No
Wolever et al., 2010 <sup>62</sup> NA	No	NA	No	NA	No
Zhang et al., 2010 <sup>63</sup> N/A	Yes	Elderly (age ≥65 years)	Yes	Elderly (age ≥65 years)	No

Table D6. Participant Baseline Characteristics

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Bender et al., 2010 <sup>1</sup> NA	Overall N: NR G1: 39.6 (12.8) G2: 43.5 (14.3)	Overall N: NR G1: 60% G2: 68%	reported as % White Overall N: G1: 56% G2: 60% Hispanic Overall N: G1: 24% G2: 12% African American Overall N: G1: 20% G2: 20% Asian Overall N: G1: 0% G2: 8%	No	NA	Other (Theory): Benefit-risk model of health behavior.
Berg et al., 1997 <sup>2</sup> NA	Overall N: 55 G1: 47 (15) G2: 52 (15)	Overall N: 55 G1: 21 (68%) G2: 15 (62%)	Overall N: 55 Caucasian G1: 29 (93%) G2: 23 (96%) non-Caucasian G1: 2 (7%) G2: 1 (4%)	Yes	Sample characteristic: Income Overall N: 55 <10K G1: 20% G2: 12% 10-30K G1: 43% G2: 29% 30-50% G1: 17% G2: 25%	Other study design: non-clustered RTC with block randomization by asthma severity; pt. was unit of randomization Other funders: Glaxo and NINR (gov't - national institute of nursing) X: Self-efficacy theory

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					Insurance (yes) G1: 93% G2: 87%	
Trial name (if applicable)					Health problems G1: 48% G2: 54%	
					Asthma severity moderate G1: 71% G2: 79% severe G1: 29% G2: 21%	
					Health Problems (yes) G1: 48% G2: 54%	
					chronolog compliance mean (SD) G1: 43 (29) G2: 40 (26)	
					No sig diff	
Berger et al., 2005 <sup>3</sup> NA	Overall N: 367 Overall age: 45.98 (9.13) G1: N-R G2: N-R	Overall N: 367 Overall % female: 82.8 G1: N-R G2: N-R	Overall N: N-R G1: N-R G2: N-R	No	Sample characteristic: Overall N: G1: G2:	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Bogner et al., 2008 <sup>4</sup> NA	Overall N: 64 G1: 59.7 (7.3) G2: 57.5 (6.3)	Overall N: G1: 24 (75.0) G2: 25 (78.1)	Overall N: G1: 25 (78.1) G2: 28 (87.5)	Yes	SF-36 scores: Physical function score, mean (SD) G1: 54.1 (33.2) G2: 64.5 (34.9) P= .22 Social function score, mean (SD) G1: 75.6 (37.6) G2: 83.8 (33.5) P=.37 Role physical score, mean (SD) G1: 55.5 (42.0) G2: 65.6 (42.5) P= .34 Role emotional score, mean (SD ) G1: 63.5 (46.7) G2: 74.0 (43.0) P= .36 Bodily pain score, mean (SD) G1: 46.3 (33.1) G2: 60.6 (35.7) P= .10 <u>Other covariates</u> MMSE, mean (SD) G1: 27.7 (2.7) G2: 27.9 (3.2) P= .73	Other funders: Funding multiple sources: American Heart Association Grant-in-Aid, and an NIMH Mentored Patient-Oriented Research Career Development Award Other theory:Theory: Integrated Care Model

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
					Number of medications, n (SD) G1: 8.6 (5.1) G2: 7.0 (3.6) P= .16 <u>Outcome measures</u> CES-D, mean (SD) G1: 17.5 (13.2) G2: 19.6 (14.2) P=.54 Systolic blood pressure, mean (SD), mm Hg G1: 146.7 (20.9) G2: 143.1 (22.5) P= .51 Diastolic blood pressure, mean (SD), mm Hg G1: 83.0 (10.7) G2: 81.4 (11.1) P=.58 ≥80% adherent to antidepressant, n (%) G1: 14 (43.0) G2: 16 (50.0) P= .81 ≥80% adherent to antihypertensive, n (%) G1: 16 (50.0) G2: 11 (34.4) P= .31	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Bogner et al., 2010 <sup>5</sup> NA	Overall N: Mean (SD) = 60.2 (7.4) G1: 61.6 (8.3) G2: 58.3 (6.3)	Overall N: 84.5% G1: 82.8% G2: 86.2%	Black Overall N: 100% G1: 100% G2: 100%	Yes	<u>Less than high school education</u> Overall N: 13 G1: 8 (27.6%) G2: 5 (17.2%) <u>Lives alone</u> Overall N: 27 G1: 16 (55.2%) G2: 11 (37.9%) <u>Role Physical Score</u> Overall N: NR G1: 44.0 (39.9) G2: 64.5 (42.5) <u>Number of Medications</u> Overall N: NR G1: 10.2 (3.3) G2: 7.7 (3.2) <u>Adherent at baseline oral hypoglycemics</u> Overall N: NR G1: 34.5% G2: 20.7% <u>Adherent at baseline anti-depressants</u> Overall N: NR G1: 27.6% G2: 13.8%	Funding source = Non-profit (American Diabetes Association) and Academic (University of Pennsylvania's Institute on Aging)Theoretical model = Conceptual framework adapted from Cooper et al (source 33)
Bosworth et al., 2005 <sup>6</sup> V-STITCH	Overall N: NR G1: 63 (11.24) G2: 64 (11.48)	Overall N: NR G1: 2% G2: 2%	White Overall N: NR G1: 56 G2: 58	Yes	High school or less, % Overall N: NR G1: 50 G2: 51	Additional theoretical model: Health Decision Model (HDM)

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						
Trial name (if applicable)						
			African-American Overall N: NR G1: 41 G2: 39		Inadequate income, % Overall N: NR G1: 23 G2: 21 Diabetic, % Overall N: NR G1: 38 G2: 42 Adherent to medications (based on self-report), % Overall N: 66 G1: NR G2: NR	
Bosworth et al., 2008 <sup>7</sup> TCYB	Overall N: NR G1: 61 (12.7) G2: 62 (11.9)	Overall N: NR G1: 65 G2: 67	Caucasian, % Overall N: NR G1: 50% G2: 47%	Yes	12th grade or less, % Overall N: NR G1: 35% G2: 38%	Funding source: NHLBI, Pfizer Health Literacy Communication Initiative grant, American Heart Association Established-Investigator award
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper			African American, % Overall N: NR G1: 47% G2: 51%		Functionally illiterate (REALM≤60), % Overall N: NR G1: 27% G2: 27% Inadequate income, % Overall N: NR G1: 18% G2: 21% Diabetic, % Overall N: NR G1: 34% G2: 38%	Theoretical model: also Health Decision Model and motivational interviewing

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Capoccia et al., 2004 <sup>9</sup> NA	Overall N: 74 G1: 38.2 ± 13.8 G2: 39.4 ± 13.4 P=0.71	Overall N: 57 (77) G1: 34 (83) G2: 23 (70) P=0.18	Non-White Overall N: 16 (22) G1: 9 (22) G2: 7 (21) P=0.94	Yes	Sample characteristic: Annual household income <\$30,000 Overall N: 19 (26) G1: 12 (29) G2: 7 (21) P=0.36  Panic disorder G1: 9 (22) G2: 5 (15) P= 0.43  neuroticism score (Mean ± S.D. NEO)  G1: 12.4 ± 6.1 G2: 11.0 ± 5.5 P= 0.31  Dysthymic disorder G1: 23 (56) G2: 16 (48) P= 0.40  Prior antidepressant for depression G1: 20 (49) G2: 12 (36) P= 0.28	Other theory: not specified

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					<p>Prior counseling or psychotherapy G1: 17 (41) G2: 17 (52) P= 0.39</p> <p>Mean <math>\pm</math> S.D. SCL-20 score No. (%) with SCID major depression G1: 21 (53) G2: 9 (28) P= 0.04</p> <p>Mean <math>\pm</math> S.D. SF-12 Index (physical) score G1: 49.6 <math>\pm</math> 1.6 G2: 52.6 <math>\pm</math> 1.6 P= 0.68</p> <p>Mean <math>\pm</math> S.D. SF-12 Index (mental) score G1: 28.0 <math>\pm</math> 1.6 G2: 29.0 <math>\pm</math> 1.7 P= 0.20</p>	
Trial name (if applicable)						
Carter et al., 2009 <sup>10</sup> NA	Overall N: NR G1: 57.3 (14.3) G2: 59.2 (13.8)	Overall N: NR G1: 62.5% G2: 55.7%	White/Caucasian Overall N: NR G1: 85.9% G2: 77.6%	Yes	Low self-reported medication adherence (i.e., score $\geq 3$ ) (%) Overall N: NR	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						
Trial name (if applicable)						
			African-American Overall N: NR G1: 6.8% G2: 19.5%		G1: 8.9% G2: 9.1% NS	
			American Indian Overall N: NR G1: 0.5% G2: 1.0% >1 Race or Other Overall N: NR G1: 2.6% G2: 1.9%		Household income <\$25,000 (%) Overall N: NR G1: 21.4% G2: 51.9% p < 0.001	
					Insurance status (%): Individual/group plan G1: 56.3% G2: 32.4% Medicare/Medicaid G1: 37.0% G2: 40.5% Self-pay or other G1: 6.8% G2: 27.1% p < 0.001	
					Married Overall N: NR G1: 67.7% G2: 43.3% P: <0.001	
					BMI (kg/m <sup>2</sup> ) (Mean (SD))	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					Overall N: NR G1: 32.1 (6.8) G2: 34.2 (8.7) P: 0.010	
Trial name (if applicable)					Diabetes mellitus (%) Overall N: NR G1: 19.8% G2: 38.1% p < 0.001	
					Heart failure (%) Overall N: NR G1: 0.5% G2: 1.9% ns	
					Chronic kidney disease (%) Overall N: NR G1: 5.7% G2: 7.6% NS	
					Angina (%) Overall N: NR G1: 0.5% G2: 5.7% p < 0.003	
					Peripheral arterial disease (%) Overall N: NR	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					G1: 2.1% G2: 1.9% NS Left ventricular hypertrophy (%) Overall N: NR G1: 1.6% G2: 1.4% NS ≥1 Coexisting condition (%) Overall N: NR G1: 90.1% G2: 95.2% p=0.051 No. of coexisting conditions (Mean (SD)) Overall N: NR G1: 2.8 (1.8) G2: 3.6 (2.2) p < 0.001	
Trial name (if applicable)						
Chernew et al., 2008 <sup>11</sup> NA	Overall N (2004): G1: 37.4 G2: 43.9  Overall N (2005): G1: 38.0 G2: 44.7	Overall N (2004): G1: 53.5 G2: 51.2  Overall N (2005): G1: 53.5 G2: 51.2	NR	No	NA	"Other" Theoretical Model = None specified "Other" Level of Randomization = Not applicable
Choudhry et al.,	Total sampleOverall	Total	Black	Yes	Income (Mean):	Study design -

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						
Trial name (if applicable)						
2010 <sup>12</sup>	N: NR	sampleOverall	Total sample		Overall: NR	Other = Interrupted
NA	G1: 58.8 (NR)	N: NR	Overall N: NR		G1: \$56,625	time series with
	G2: 67.5 (NR)	G1: 36.1%	G1: 11.5%		G2: \$54,715	concurrent control
	G3: 53.8 (NR)	G2: 37.6%	G2: 10.2%		G3: \$58,263	group
	G4: 54.5 (NR)	G3: 39.8%	G3: 11.9%		G4: \$57,286	Level of
	G1 and G3: $p < 0.05$	G4: 28.8%	G4: 12.3%		Coronary artery disease	randomization -
	G2 and G4 $P < 0.05$	G1 and G3: $p < 0.05$	$G2 \text{ and } G4 P < 0.05$		(%):	Other = NA
		G2 and G4 $P < 0.05$			Overall N: NR	Theoretical model -
					G1: 26.3%	Other = Value-
					G2: 60.6%	based insurance
					G3: 25.3%	design strategy
					G4: 43.8%	
					Congestive heart	
					failure:	
					Total sample: Data NR	
					Statin users	
					Overall N: NR	
					G1: 1.8%	
					G2: 1.8%	
					G3: 1.8%	
					G4: 2.4%	
					Hypertension:	
					Overall: NR	
					G1: 50.0%	
					G2: 55.5%	
					G3: 59.5%	
					G4: 46.4%	
					Diabetes:	
					Overall: NR	
					G1: 36.2%	
					G2: 12.6%	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
					G3 34.5% G4: 9.9%Charlson comorbidity score: Overall: NR G1: 1.0 G2: 3.3 G3: 1.0 G4: 3.3 Monthly drug copay (year before copay reduction): Overall: NR G1: \$24.18 G2: \$17.22 G3: \$11.80 G4: 10.65 G1 and G3 differ on income, hypertension and copay at p < 0.05 G2 and G4 differ income, CAD, Hypertension, diabetes and copay at p < 0.05	
Friedman et al., 1996 <sup>13</sup> NA	Overall N: 76 G1: 76 G2: 77	Overall N: 77 G1: 75 G2: 79	Overall N: 11% Black G1: 10% Black G2: 11% Black	Yes	Education (%):Overall N: NR 1-11 G1: 20 G2: 32 12 G1: 55 G2: 51	"Other" theoretical model = none specified

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
					13-17 G1: 25 G2: 17 <u>Employed (%)</u> G1: 9 G2: 10 Comorbid disease (%) Heart disease G1: 29 G2: 34 Stroke G1: 6 G2: 7 Diabetes G1: 20 G2: 16 Other G1: 80 G2: 82 <u>Mean number of comorbid disease</u> G1: 1.2 G2: 1.2 <u>Mean medication adherence</u> G1: 93 G2: 94 <u>Mean systolic blood pressure (mm Hg)</u> G1: 169.5 G2: 167	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						
Trial name (if applicable)						
					Mean diastolic blood pressure (mm Hg) G1: 86.1 G2: 84.0	
Fulmer et al., 1999 <sup>14</sup> NA	Overall N: 50 G1: 73.1 (6.5) G2: 76.2 (8.8) G3: 73.7 (5.3)	Overall N: N-R G1: G2:	Overall N: 50 White G1: 23.5 G2: 20.0 G3: 0.0 Black G1: 23.5 G2: 33.3 G3: 33.3 Other G1: 50.0 G2: 46.7 G3: 61.1	yes	Average compliance rates at baseline G1: 82% G2: 76% G3: 81%	Other funders: pharmaceutical, private foundation Other theory: Article describes using a "stimulant strategy"
Grant et al., 2003 <sup>15</sup> NA	Overall N: (for all randomized to G1 and G2) NR G1: 63.3 (12.7) G2: 64.9 (12.1) Overall N: for completers (NR) G1: 64 (12) G2: 69 (10)	Overall (all randomized to G1 and G2) N: NR G1: 52 G2: 51 Overall N (all completers): NR G1: 55 G2: 69	Overall N randomized: NR G1: % white: 79 G2: % white: 89 Overall N for completers: NR G1: % white: 87 G2: % white: 93	Yes	Baseline Medication Adherence (# days adherent in last 7 days) Overall N for completers: NR G1: 6.7 (0.9) G2: 6.9 (0.4)  HbA1c (mean (SD)) Overall (all randomized to G1 or G2): NR G1: 7.7 (1.6) G2: 7.6 (1.4) Overall N (completers):	Other theory: Other Theoretical Model = None

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					NR G1: 7.7 (1.7) G2: 7.5 (1.1)	
Trial name (if applicable)					Number of Medicines (mean (SD)) Overall N (Completers): NR G1: 6 (2.8) G2: 5.8 (2.7)	
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program	Overall N: 58.0 (NR) G1: 57.9 (NR) G2: 58.3 (NR)	Overall N: 51.1 G1: 50.8 G2: 52.4	White Overall N: 79.9 G1: 80.0 G2: 79.6 Black Overall N: 9.0 G1: 9.0 G2: 9.2 Hispanic Overall N: 6.4 G1: 6.4 G2: 6.4 Asian Overall N: 1.8 G1: 1.7 G2: 2.2	Yes	Prescription health plan, %Overall N: 77.4 G1: 77.5 G2: 77.2 Level of education-elementary, % Overall N: 9.8 G1: 9.8 G2: 9.4 Level of education-high school, %Overall N: 53.8 G1: 53.9 G2: 53.4 Level of education-college, %Overall N: 25.9 G1: 25.8 G2: 26.2 Level of education-graduate or	Theoretical model: not specified<\$15,000, %Overall N: 20.6 G1: 21.0 G2: 19.0 \$15,001-\$25,000, %Overall N: 21.2 G1: 21.2 G2: 21.4 \$25,001-\$50,000, %Overall N: 31.0 G1: 31.1 G2: 30.8 \$50,001-\$100,000, %Overall N: 21.7 G1: 21.1 G2: 23.7 >\$100,000, %Overall N: 5.5 G1: 5.6

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					professional, %Overall N: 10.6 G1: 10.5 G2: 10.9	G2: 5.1 Diabetic (male), %Overall N: 8.8 G1: 8.1 G2: 8.9 Diabetic (female), %Overall N:9.8 G1: 9.6 G2: 9.8
Trial name (if applicable)						
Hoffman et al., 2003 <sup>17</sup>	Overall N: NR G1: 51.9 (16.7) G2: 51.2 (16.5)	Overall N: 68 G1: 67.9 G2: 67.6	NR	No	NA	Other level of randomization: random selection of zip codes of physicians' offices for inclusion in study. Allocation conducted by listing zip codes numerically and alternating arms.  Other funders: Multiple funding sources: Pharmaceutical companies & insurance provider  Other theory: No theoretical model

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to) reported
Hunt et al., 2008 <sup>18</sup> NA	Overall N: NR G1: 68 (12) G2: 68 (13)	Overall N: NR G1: 63 G2: 66	NR	Yes	Comorbidities, N (%): Overall N: NR G1: Asthma or COPD, 27 (12) Diabetes, 59 (26) History of stroke, 15 (7) Coronary artery disease, 46 (20) Renal impairment, 8 (3) One or more chronic conditions, 111 (48) Baseline systolic blood pressure (mean (SD)), 173 (15) Baseline diastolic blood pressure (mean (SD)), 90 (14) G2: Asthma or COPD, 27 (12) Diabetes, 57 (25) History of stroke, 6 (3) Coronary artery disease, 43 (18) Renal impairment, 6 (3) One or more chronic conditions, 103 (44) Baseline systolic blood	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					pressure (mean (SD)), 174 (15) Baseline diastolic blood pressure (mean (SD)), 92 (14)  Education, college, N (%) G1: 64 (28) G2: 65 (28)  Only statistical sig between group difference was history of stroke, p=0.04	
Trial name (if applicable)						
Janson et al., 2003 <sup>19</sup> NA	Overall N: 65 G1: 32 (9) G2: 35 (8)	Overall N: G1: 18 (55%) G2: 18 (56%)	NR	Yes	No group differences at baseline: Baseline values: Adherence to inhaled corticosteroid (%) G1: 70 (30) G2: 65 (34) Quality of life* G1:27 (13) G2: 24 (14) Perceived control of asthma G1: 37 (6) G2: 42 (5) Symptom severity G1:11 (6) G2: 7 (6)	Other theory: no explicit theory used but testing whether imparting basic information and skills will lead to behavior that will improve asthma control

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
					Beta-agonist (puffs) G1: 4 (3) G2: 3 (3) FEV1 (% predicted) G1: 83 (17) G2: 80 (20) Morning peak flow (L/min) G1: 446 (125) G2: 363 (97) Eosinophil cationic protein G1: 319 +/- 277 G2: 324 (346) Tryptase ( g/L) G1: 10 (22) G2: 3 (5) Eosinophil's (%) G1: 6 (8) G2: 7 (12) Neutrophils (%) G1: 39 (17) G2: 44 (19)	
Janson et al., 2009 <sup>20</sup> NA	Overall N: 84 G1: 36.8 +/- 9.4 G2: 39.7 +/- 9.3	Overall N: G1: 24 (53) G2: 21 (54)	Asian G1: 10 (22) G2: 6 (15) Black G1: 1 (2) G2: 4 (10) White G1: 28 (62) G2: 26 (67)	Yes	Sample characteristic: Insured: Overall N: G1: 37 (82) G2: 27 (69) Severity by FEV1 criteria: Severe (60% predicted value) G1: 22 (49) G2: 18 (46); Adherence to ICS (%) G1: 82 +/- 18	Other funders - gov't and pharma

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year			Other G1: 6 (14) G2: 3 (8)		G2: 81 +/- 18, p=.71 only statistically significant difference across groups: peak flow Peak flow (morning only) G1: 427.4 +/- 91.1 G2: 381.8 +/- 110.2 , p=0.04 Other markers of severity: Perceived asthma control score (11-55) G1: 41.8 +/- 6.1 G2: 40.2 +/- 4.2, p=.14 Asthma quality-of-life score (0-80) G1: 16.0 +/- 11.0 G2: 15.8 +/- 11.1, p=.94 Peak flow (morning only) G1: 427.4 +/- 91.1 G2: 381.8 +/- 110.2, p=.04 Mean weekly puffs of b-agonist used G1: 1.5 +/- 1.9 G2: 1.7 +/- 2.2, p=.71 Mean weekly symptom score G1: 4.5 +/- 4.4 G2: 5.1 +/- 5.1, p=.55 Mean % symptom-free days per week G1: 34.1	
Trial name (if applicable)						

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					+/- 37.1 G2: 31.0 +/- 37.2, p=.70 Mean weekly number of nighttime awakenings G1: 0.29 +/- 0.69 G2: 0.35 +/- 0.97, p=.75	
Trial name (if applicable)						
Johnson et al., 2006 <sup>21</sup> NR	Overall N: NR G1: NR G2: NR	Overall N: 49.6 G1: NR G2: NR	White Overall N: 83.0 G1: NR G2: NR Black Overall N: 5.8 G1: NR G2: NR Other Overall N: 11.2 G1: NR G2: NR	Yes	Under \$25,000, %Overall N: 21.8 G1: NR G2: NR \$25,000-\$50,000, %Overall N: 33.1 G1: NR G2: NR \$50,000-\$75,000, %Overall N: 21.8 G1: NR G2: NR \$75,000 or above, %Overall N: 23.4 G1: NR G2: NR	
Johnson et al., 2006 <sup>22</sup> NR	Overall N: 55.7 (median) G1: NR G2: NR	Overall N: 47.0 G1: NR G2: NR	White Overall N: 76.4 G1: NR G2: NR Black Overall N: 16.1 G1: NR	Yes	Under \$25,000, %Overall N: 15.9 G1: NR G2: NR \$25,000-\$50,000, %Overall N: 29.1 G1: NR	none

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year			G2: NR Other Overall N: 7.5 G1: NR G2: NR		G2: NR \$50,000-\$75,000, %Overall N: 22.1 G1: NR G2: NR \$75,000 or above, %Overall N: 32.9 G1: NR G2: NR	
Trial name (if applicable)						
Katon et al., 1995 <sup>23</sup> NA	Overall N: 217  Major depression group N=91 G1: 43.2 (15.4) G2: 42.3 (12.7)  Minor depression group N=126 G1: 52.2 (14.3) G2: 50.3 (15.1)	Overall N: 217  Major depression group N=91 G1: 77.5 G2: 88.1  Minor depression group N=126 G1: 76.3 G2: 68.7	NR	yes	Overall N: 217  SCL mean (SD) depression score Major depression group N=91 G1: 2.35 (0.49) G2: 2.23 (0.48) Minor depression group N=126 G1: 1.67 (0.40) G2: 1.72 (0.56)  IDS mean (SD) score Major depression group N=91 G1: 46.6 (9.0) G2: 45.1 (11.2) Minor depression group N=126 G1: 29.1 (9.6) G2: 28.0 (9.5)	Other theory: unspecified

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
					Chronic disease score mean (SD) score Major depression group N=91 G1: 1.3 (1.9) G2: 0.6 (1.4) Minor depression group N=126 G1: 2.3 (3.2) G2: 1.5 (1.9)	
Katon et al., 1996 <sup>24</sup> NA	Overall N: NR Major Depression Group G1: 43.1 (9.3) G2: 44.8 (15.9)  Minor Depression Group G1: 49.2 (13.9) G2: 47.2 (13.8)	Overall N: NR Major Depression Group G1: 77.4 G2: 73.5  Minor Depression Group G1: 71.7 G2: 73.8	Overall N: NR Major Depression Group (% White) G1: 77.4 G2: 91.2  Minor Depression Group (% White) G1: 91.3 G2: 85.7	Yes	≥1 year of college (%) Major Depression Group G1: 90.3 G2: 70.6  Minor Depression Group G1: 87.0 G2: 81.0  Chronic disease (mean (SD)): Overall N: NR Major Depression Group G1: 1.19 (1.6) G2: 1.1 (2.0)  Minor Depression	Other" Theoretical Model = Social Cognitive theory and Social Learning theory

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					Group G1: 1.5 (2.6) G2: 1.2 (2.3)	
Trial name (if applicable)					Inventory of Depressive Symptoms Score (mean (SD)) Major Depression Group G1: 46.8 (10.8) G2: 46.0 (8.8)	
					Minor Depression Group G1: 27.3 (7.4) G2: 28.2 (11.3)	
					SCL-20 (mean (SD)) Major Depression Group G1: 2.46 (0.53) G2: 2.35 (0.51)	
					Minor Depression Group G1: 1.77 (0.49) G2: 1.62 (0.54)	
					Recurrent major depression ( $\geq 2$ episodes)	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					Major Depression Group G1: 59.1 G2: 65.4	
Trial name (if applicable)					Minor Depression Group G1: 66.7 G2: 64.9	
Katon et al., 2001 <sup>27</sup> NA	Overall N: 387 (reported as 386 in Ludman et al. and Katon et al.)	Overall N: 387 (reported as 386 in Ludman et al. and Katon et al.)	Overall N: 387 (reported as 386 in Ludman et al. and Katon et al.)	Yes	Sample Characteristic: Severity of Depression	NA
Ludman et al., 2003 <sup>28</sup> NA	G1: 46.4 (11.9) G2: 45.6 (13.3)	G1: 75.4 G2: 71.9	% Caucasian: G1: 92.3 G2: 88.0		% with major depression within past 2 years Overall N: 387 (reported as 386 in Ludman et al. and Katon et al.) G1: 78.5 G2: 87.5 p=0.01	
Van Korff et al., 2003 <sup>29</sup> NA					SCL Depression Score (range 0 to 4), mean (SD) G1: 0.83 (0.39) G2: 0.84 (0.35)	
					Comorbidity: Chronic Disease Score, mean (SD)	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					G1: 1051.4 (1228.0) G2: 1009.2 (994.5)	
Trial name (if applicable)						
Katon et al., 1999 <sup>25</sup> NA	Overall N: NR G1: 47.2 (14) G2: 46.7 (13.4)	Overall N: NR G1: 67.5 G2: 81.6 P = 0.02	% Caucasian Overall N: NR G1: 79.8 G2: 80.7	Yes	Sample characteristic: Severity of Depression SCL Depression score G1: 1.9 (0.5) G2: 1.9 (0.5) Moderate depression: N=149 Severe depression: N=79 Recurrent depression (≥ 3 episodes), % G1: 76.3 G2: 83.3 Dysthymia, % G1: 40.0 G2: 59.8 Chronic disease score; mean (SD) G1: 1191.3 (978.5) G2: 1368.3 (1292.9)	Other level of randomization: Patients stratified by severity of disease (moderate or high) prior to randomization. Other theory: NR
Katon et al., 2002 <sup>26</sup> NA						
Lee et al., 2006 <sup>30</sup> FAME	*Overall N: 78 (8.3) G1: 77 (10.5) G2: 78 (6.2)	*Overall N: 22.9 G1: 25.3 G2: 26.3	White Overall N: 63.7 G1: 61.4 G2: 56.5  Black Overall N: 32.3 G1: 34.9	Yes	<High School, % *Overall N: 7.5 G1: 3.7 G2: 12.9 High School graduate, % *Overall N: 33.8 G1: 32.1	Theoretical model not specified *Overall N for baseline characteristics reported for beginning of run-in phase

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year			G2: 40.8		G2: 38.6 <u>College graduate, %</u> *Overall N: 21.4 G1: 24.7 G2: 18.6 <u>Drug-treated hypertension, %</u> *Overall N: 91.5 G1: 92.8 G2: 90.8 <u>Drug-treated hyperlipidemia, %</u> *Overall N: 80.6 G1: 83.1 G2: 80.3 <u>Baseline adherence at completion of run-in phase, mean (SD)</u> Overall N: 61.2 (13.5) G1: 61.4 (13.0) G2: 61.1 (14.1)	
Trial name (if applicable)						
Lin et al., 2006 <sup>31</sup> NA	Overall N: Mean (SD) = 58.5 (NR) G1: Mean (SD) = 58.6 (11.8) G2: Mean (SD) = 58.1 (12.0)	Overall N: 66.6% G1: 65.2% G2: 64.8%	White Overall N: 80% G1: 81.1% G2: 75.2% No other race/ethnicity data provided	Yes	Type 2 Diabetes Overall N: NR G1: 96.3% G2: 95.8% Number of Diabetic Complications G1: Mean (SD) = 1.5 (1.4) G2: Mean (SD) = 1.5 (1.3)	Theoretical model = Intervention design and procedures based on the Pathways Study (source 24)

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
					Major Depression (co-morbidity) Overall N: NR G1: 62.6%% G2: 69.1% ≥3 Previous Episodes of Depression (co-morbidity) Overall N: NR G1: 68.6% G2: 60.5% Baseline SCL-20 Score (Depression severity) Overall N: NR G1: Mean (SD) = 1.7 (0.5) G2: Mean (SD) = 1.6 (0.5)	
Mann et al., 2010 <sup>32</sup> The Statin Choice	Overall N: 58 (11.5) G1: 58 (12) G2: 58 (11)	Overall N: Text states 58%, but the numbers in the table are not consistent with that G1: 74% G2: 75%	Overall N: Black or Latino: 89% G1: Black or Latino: NR G2: Black or Latino: NR	Yes	< HS Education Overall N: 44% G1: 51% G2: 36% Sample characteristic: Mean HBA1c Overall N: mean 7.5 (SD 2.0) G1: 7.0 (6.4, 8.7) (median (IQR)) G2: 6.7 (6.3, 7.6) (mean (IQR)) 10 year Cardiovascular	probably was conducted in NYC because where authors located and states is in urban primarily minority practice but not explicitly stated; while in primarily minority practice is not entirely so thus not limited to

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
					Risk (%) Overall N: < 15% risk: 53%      15-30% Risk: 44%      > 30% Risk: 3% G1: < 15% risk: 53% 15-30% Risk: 40% > 30% Risk: 5% G2: < 15% risk: 54% 15-30% Risk: 41% > 30% Risk: 3% Baseline Statin Use Overall N: 69% G1: 69% G2: 69%	vulnerable population and not results by group; NOTE: the %s in the demographics table do not make sense with the N's given for gender. unclear which is correct but both cannot be correct-- WAITING FOR INFO FROM AUTHOR; re: other--> NO THEORY-BASIS reported

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
<b>Year</b> <b>Trial name (if applicable)</b>						
Murray et al., 2007 <sup>33</sup> NA	Overall N: NR G1: 61.4 (SD 7.7) G2: 62.6 (SD 8.8)	Overall N: NR G1: 68.0% G2: 66.1%	Overall N: NR G1: Black 45.1%, White 54.1%, Other 0.8% G2: Black 52.1%, White 46.9%, Other 1.0%	Yes	"Sufficient income" G1: 62% G2: 64% "Mean education" G1: 11 (SD 2) G2: 11 (SD 3) "Health literate" G1: 72% G2: 71% "Medicare" G1: 54.1% G2: 56.3% "Medicaid" G1: 30.3% G2: 36.5%	
Nietert et al., 2009 <sup>34</sup> NA	Overall N: 60 (16) G1: 59.9 (16.7) G2: 60.6 (16.0) G3: 59.7 (16.5)	Overall N: NR G1: NR G2: NR	Black Overall N: NR G1: 16.3% G2: 16.3% G3: 16.5%	Yes	Income (Mean (SD)) Overall N: NR G1: \$33,573 (\$9029) G2: \$33751 (\$9339) G3: \$33471 (\$9448) Insurance Status Medicaid G1: 16.4% G2: 13.2% G3: 15.7% Other G1: 72.8% G2: 76.2% G3: 73.1% None G1: 10.8%	Theoretical model - Other = NS

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					G2: 10.6% G3: 11.2% Disease indication Diabetes G1: 12.2% G2: 12.2% G3: 10.5% Hypertension or heart failure G1: 56.8% G2: 55.9% G3: 56.0% Hyperlipidemia G1: 17.2% G2: 16.9% G3: 17.7% Depression G1: 13.2% G2: 14.6% G3: 15.1% Psychosis G1: 1.4% G2: 1.2% G3: 1.2%	
Trial name (if applicable)						
Okeke et al., 2009 <sup>35</sup> NA	Overall N: N-R G1: 66.2 (13.1) G2: 63.8 (13.4)	Overall N: N-R G1: 48.6 G2: 41.9	Black: Overall N: N-R G1: 65.7 G2: 54.8 White: Overall N: N-R G1: 34.3	Yes	Family income based on zip code: Overall N: N-R G1: ≤35K: 34.4%; 35-50K: 22.9%; 57-75K: 11.4%; >75K: 31.4%; unknown: 0%	Other funders: NIH, Pharmaceutical company (Alcon), grant from the Paul & Evanina Bell Mackall Foundation Trust, and the

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year			G2: 41.9 Asian: Overall N: N-R G1: 0.00 G2: 3.23		G2: ≤35K: 25.8%; 35-50K: 16.1%; 50-75K: 38.7%; >75K: 16.1%; unknown: 3.23% Depression score mean (SD): Overall N: N-R G1: 0.47 (0.46) G2: 0.42 (0.54) Baseline adherence: Overall N: N-R G1: 54% G2: 46%	Wilmer Institute Research Program.
Trial name (if applicable)						
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Overall N: Mean (SD) = 62.1 (10.79) G1: Mean (SD) = 60.3 (9.44) G2: Mean (SD) = 62.0 (11.51) G3: Mean (SD) = 63.1 (10.98)	Overall N: 55.3% G1: 48.0% G2: 65.5%	White Overall N: 86.9% G1: 88.0% G2: 82.8% African-American Overall N: 13.1% G1: 12.0% G2: 17.2%	Yes	<u>Health insurance (%)</u> Group/private: Overall N = 60.9%, G1 = 53.1%, G2 = 51.9%, G3 = 70.3% Medicaid/Medicare: Overall N = 32.8%, G1 = 32.7%, G2 = 42.3%, G3 = 27.5% Other: Overall N = 1.0%, G1 = 0.0%, G2 = 3.7%, G3 = 0.0% None: Overall N = 5.2%, G1 = 14.3%, G2 = 1.9%, G3 = 2.2% <u>Employment (%)</u> Employed: Overall N = 37.5%, G1 = 47.9%, G2 =	Theoretical model = Self-efficacy theories also incorporated

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					= 35.2%, G3 = 33.3% Retired: Overall N = 47.9%, G1 = 37.5%, G2 = 46.3%, G3 = 54.4% Unemployed/disabled: Overall N = 14.6%, G1 = 14.6%, G2 = 18.5%, G3 = 12.3% <u>Education (%)</u> ≤ Some high school: Overall N = 16.6%, G1 = 20.0%, G2 = 13.8%, G3 = 16.5% High school/GED: Overall N = 41.2%, G1 = 44.0%, G2 = 39.7%, G3 = 40.7% 2-year degree/some college: Overall N = 22.6%, G1 = 16.0%, G2 = 25.9%, G3 = 24.2% ≥ 4-year college graduate: Overall N = 19.6%, G1 = 20.0%, G2 = 20.7%, G3 = 18.7%	
Trial name (if applicable)						
Powell et al., 1995 <sup>37</sup> NA	Overall N: NR G1: Mean (range) = 54 (20-94) G2: 55 (20-97)	Overall N: NR G1: 65% G2: 68%	NR	No	NA	Funding source - Multiple = Pharmaceutical (Merck & Co.) and corporate (Ciba-Geigy)

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						
Trial name (if applicable)						
						Theoretical model - Other = NS
Pyne et al., 2011 <sup>38</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	Overall N: 249 G1: 49.8(8.7) G2: 49.8(10.5)	Overall N: 7 G1: N: 3 G2: N: 4	African American Overall N: 155 G1: 63.4% G2: 61.6%	Yes	Sample characteristic: Income greater than \$20K: G1: 60 (50.8%) G2: 52 (42.6%)  Physical health comorbidity score, mean (SD): G1: 3.2 (2.3) G2: 3.8 (2.3) p=.046	Other theory: theory of intervention: collaborative care model
Rich et al., 1996 <sup>39</sup> NA	Overall N: 80 (median) G1: 80.5 (6.7) G2: 78.4 (6.1) p: 0.029	Overall N: 67% G1: 74% G2: 59% p: 0.079	Caucasian Overall N: 35% G1: 40% G2: 29%	Yes	Education > 8th grade, %: Overall: NR G1: 60% G2: 51% Hypertension, %: Overall: NR G1: 81% G2: 83% Diabetes, %: Overall: NR G1: 25% G2: 32% Prior heart failure, %: G1: 68% G2: 82% p 0.067	Theoretical model: not specified Heart rate, mean:* G1: 92 (+/- 20) G2: 83 (+/- 19) p: 0.004* Hemoglobin (g/L), mean: G1: 125 (+/- 18) G2: 120 (+/- 19) p: 0.087 Creatinine (mmol/L), Mean: G1: 137 +/- 66 G2: 158 +/- 83 p: 0.083 Serum Cholesterol

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						(mmol/L), mean: G1: 5.3 +/- 1.3 G2: 4.8 +/- 1.4 p: 0.052
Trial name (if applicable)						
Rickles et al., 2005 <sup>40</sup> NA	Overall N: 63 G1: 37.8 ± 10.7 G2: 37.5 ± 13.4	Overall N: G1: 25 (80.6%) G2: 28 (87.5%)	White Overall N: G1: 27 (87.1) G2: 31 (96.9) Other: Overall N: G1: 4 (12.9) G3: 1 (3.1)	Yes	Current number of medications other than antidepressants, Overall N: G1: 0.87 ± 1.41 G2: 0.78 ± 1.16 No past history of psychiatric medication use, No. (%) G1: 18 (58.1) G2: 27 (84.4) Past use of psychiatric medications, No. (%) G1: 13 (41.9) G2: 5 (15.6) P < .05	Other theory: health collaboration model z: no improvement in adherence with intent to treat analysis
Ross et al., 2004 <sup>41</sup> NR	Overall N: NR G1: 57 (NR) G2: 55 (NR)	Overall N: NR G1: 20 G2: 26	White, non-Hispanic Overall N: NR G1: 92 G2: 88	Yes	College graduate, % Overall N: NR G1: 53 G2: 44 p < 0.001 comparing participants to decliners (26% in decliners)  Household income < \$45,000/year, %	Theoretical model: not specified

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					Overall N: NR G1: 56 G2: 50 p <0.001 comparing participants to decliners (76% in decliners)	
Trial name (if applicable)					Safety net insurance program, % Overall N: NR G1: 19 G2: 19	
					Morisky baseline score Overall: 3.4 G1: NR G2: NR	
					GAS baseline score: Overall: 82 G1: NR G2: NR	
Rudd et al., 2004 <sup>42</sup> NA	Overall N: NR G1: 59 (10) G2: 60 (9)	Overall N: NR G1: 50 G2: 56	WhiteOverall N: NR G1: 76 G2: 72 African American Overall N: NR G1: 11 G2: 8 Asian American Overall N: NR	G1: Yes	Some high school, %Overall N: NR G1: 5 G2: 5 High school graduate, %Overall N: NR G1: 17 G2: 19 Some college, %Overall	Funding: CorSolution's, Inc.

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year			G1: 4 G2: 4 Hispanic Overall N: NR G1: 1 G2: 8 Other ethnicity Overall N: NR G1: 8 G2: 8		N: NR G1: 24 G2: 23 College degree, %Overall N: NR G1: 27 G2: 31 Postdoctoral degree, %Overall N: NR G1: 27 G2: 22 Dyslipidemia, %* (p<0.05) Overall N: NR G1: 16 G2: 30	
Trial name (if applicable)						

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Rudd et al., 2009 <sup>43</sup> NA	Overall N: 127 G1: Mean 57.6 (13.8) G2: Mean 59.5 (13.9) p=0.43% ≥65 years old G1: 25% G2: 43% P: 0.03	Overall N: 127 G1: 81 G2: 78	Caucasian Overall N: 127 G1: 91 G2: 94	Yes	Annual income <\$30K Overall N: 127 G1: 20% G2: 39% p=0.02	Other study design: RCT with stratified randomization based on education level. Additional information about recruitment may be available in: Blanch DC, Rudd R, Wright E, Gall V, Katz JN. Predictors of refusal during a multistep recruitment process for a randomized controlled trial of arthritis education. Pat Educ Couns 2008;73:280-5.
Schaffer et al., 2004 <sup>44</sup> NA	Overall N: 44 mean age 37 G1: NR G2: NR G3: NR G4: NR  No statistical differences across groups	Overall N: 29/44 (65.9%) G1: NR G2: NR G3: NR G4: NR No statistical difference across groups	17% AA, 72% white, 1% Hispanic, Asian, or Pacific Islander; not reported by study arm; no statistical differences across groups	No	No baseline characteristics reported by study arm; however, across all study arms authors report that there were no statistical differences in years since asthma diagnosis, education, self-reported adherence, pharmacy-	

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						
Trial name (if applicable)						
					reported adherence, or baseline FEV1.	
Schectman et al., 1994 <sup>45</sup> NA	Niacin Overall N: NR G1: 59 (1) G2: 62 (1)  BAS Overall N: NR G1: 61 (2) G2: 59 (2)	Niacin Overall N: NR G1: NR G2: NR  BAS Overall N: NR G1: NR G2: NR	Caucasian Niacin Overall N: NR G1: 86 G2: 90  BAS Overall N: NR G1: 86 G2: 82	Yes	CHD, Diabetes, HTN, % Niacin Overall N: NR G1: 39, 2, 56 G2: 42, 4, 63  BAS Overall N: NR G1: 35, 24, 62 G2: 37, 13, 52	Multiple funding sources: government, pharmaceutical (Squibb-Bristol) Theoretical model: not specified
Schneider et al., 2008 <sup>46</sup> NA	Overall N: 85 G1: 71.6 (5.9) G2: 72.3 (5.2)	Overall N: 85 G1: 24.7 G2: 25.9	Overall N: 85 G1: N-R G2: N-R	yes	Sample characteristic: Renal impairment (SCr>1.2mg/dl) Overall N: 85 G1: 6.5 G2: 7.9	
Schnipper et al., 2006 <sup>47</sup> NA	Overall N: 176 G1: 60.7 (17.2) G2: 57.7 (15.9)	Overall N: 176 G1: 67 G2: 65	Overall N: G1: N-R G2: N-R	No	Sample characteristic: Overall N: G1: G2:	Other funders: pharmaceutical, university, government Other condition: multiple conditions, not specified
Simon et al., 2006 <sup>48</sup> NA	Overall N: G1: 41±15 G2: 45±13	Overall N: G1: 71 (69%) G2: 63 (61%)	White Overall N: G1: 92 (89%) G2: 93 (89%)	Yes	Sample characteristic: Severity: SCL depression scale Overall N: G1: 1.61±.68 G2: 1.57±.71	Other funders: funding from gov't and pharma Other theory: not specified

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
					Patient Health Questionnaire score (0 to 27 range; higher scores indicate more severe depression) G1: 16.0±6.2 G2: 15.8±6.1 95% CI: P: .84	
Sledge et al., 2006 <sup>49</sup> NA	Overall N: 96 G1: 53 (range 24-84) G2: 49 (range 23-80)	Overall N: 96 G1: 26 G2: 41	Overall N: 96 Caucasian G1: 32 G2: 31 African American G1: 49 G2: 51 Hispanic G1: 13 G2: 12	yes	Sample characteristic: Medicare/Medicaid Overall N: 96 G1: 95% G2: 92% Gross income <\$20K G1: 89% G2: 86% Congestive heart failure G1: 17% G2: 12% Coronary artery disease G1: 17% G2: 18% COPD G1: 23% G2: 16% Diabetes mellitus G1: 28% G2: 24% ESRD/CRI	Other funders: Aetna health insurance company grant and Esther S. Gross Professorship Other condition: multiple conditions, not specified

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					G1: 4% G2: 6% Chronic pain G1: 11% G2: 6% Asthma G1: 19% G2: 20%	
Trial name (if applicable)						
Smith et al., 2008 <sup>50</sup> NR	Overall: NR G1: 64.69 (14.19) G2: 65.04 (13.38)	Overall: NR G1: 31.3 G2: 34.0	NR	Yes	Medicare, %Overall: NR G1: 46.4 G2: 47.1 Medicaid, %Overall: NR G1: 1.6 G2: 1.6 Adherence, Proportion of days covered in month before intervention, %G1: 87 G2: 86	no theoretical model specified
Solomon et al., 1998 <sup>51</sup> NA	Overall N (HTN); NR G1: 66.3 (10.0 SD) G2: 67.3 (11.0 SD) Overall (COPD): NR	Overall N (HTN): NR G1: 1.6% G2: 7.1%	Overall N (HTN): NR G1: Caucasian 61.9% Black 34.9% Asian 0	Yes	Income: (HTN):Overall: NR G1: \$18,254 (12,259 SD) G2: \$19,548 (16860 SD)	medication adherence improved in hypertension arm;
Gourley et al., 1998 <sup>52</sup> NA	G1: 69.3 (5.9 SD) G2: 69.3 (9.2 SD)	Overall (COPD): NR G1: 0 G2: 0	Hispanic 0 Missing 3.2%G2: Caucasian 65.7% Black 22.9% Asian 1.4% Hispanic 0 Missing 10.0% Overall N (COPD) NR		Income: (COPD): Overall: NR G1: \$20,908 (17,977 SD) G2: \$21,022 (13,029 SD)	medication adherence did not improve in COPD arm (measures not reported in COPD arm)

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						
Trial name (if applicable)						
			G1: Caucasian 90.7% Black 2.3% Asian 0 Hispanic 7.0% Missing 0 G2: Caucasian 83.6% Black 7.3% Asian 0 Hispanic 9.1% Missing 0			
Stacy et al., 2009 <sup>33</sup> NA	<50 yrs old (%) Overall N: 28.0 G1: 25.3 G2: 30.5  50-64 yrs old (%) Overall N: 62.4 G1: 64.4 G2: 60.2  65 yrs or older (%) Overall N: 9.7 G1: 9.0 G2: 10.3	Overall N: 62.4 G1: 62.1 G2: 62.7	Overall N: NR G1: NR G2: NR	Yes	Mean of 3+ chronic medications dispensed =<90 days prior to index statin (%) Overall N: 57.8 G1: 53.4 G2: 62.3  Statin adherence: % started statin, never missed dose Overall N: 72.9 G1: 71.5 G2: 74.1  Statin adherence: % started statin, missed 1+ dose Overall N: 21.9 G1: 22.1 G2: 21.7	Funding Source: NR

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
					Statin adherence: % not yet started statin Overall N: 5.2 G1: 6.3 G2: 4.2	
Taylor et al., 2003 <sup>54</sup> NA	Overall N: 69 G1: 64.4 (13.7) G2: 66.7 (12.3)	Overall N: 69 G1: 63.6 G2: 72.2	Overall N: 69% white G1: 60.6 G2: 61.1	yes	Mean % (SD) adherent at baseline (compliance scores ≥80%): Overall N: 69 G1: 84.9 (6.7) G2: 88.9 (5.8)	Other condition: multiple conditions Other theory: Principles of Pharmaceutical Care
Vivian et al., 2002 <sup>55</sup> NA	Overall N: NR G1: 64 (10.9) G2: 65.5 (7.8)	Overall N: NR G1: 0 G2: 0	African American Overall N: 77 G1: 84.6 G2: 70.4  Caucasian Overall N: 77 G1: 11.5 G2: 25.9	Yes	Diabetes, % Overall N: NR G1: 42 G2: 59	Theoretical model: not specified
Wahlen et al., 2009 <sup>56</sup> NA	Overall N: 237 G1: 71.3 (7.3) G2: 70.5 (12.6)	Overall N: 237 G1: 100% G2: 100%	White Overall N: 237 G1: 91.2 G2: 98.2  Hispanic Overall N: 237 G1: 2.4 G2: 0.9	Overall N:	Sample characteristic: Overall N: G1: G2:	The outcome for this study is "use of medicine" (i.e., medication uptake) rather than medication adherence. It seems that this makes the study very different from

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to) the others in the review.
Year			Asian Overall N: 237 G1: 5.6 Black G1: 0.8 G2: 0 G2: 0.9			
Trial name (if applicable)						
Weinberger et al., 2002 <sup>57</sup> NA	COPD: mean (SD) Overall N: 453 G1: 62.2 (11.0) G2: 62.9 (10.3) G3: 62.2 (11.9)  asthma: Overall N: 660 G1: 44.7 (14.2) G2: 46.6 (15.1) G3: 44.6 (15.5)	COPD: number (%) Overall N: 453 G1: 118 (63.8) G2: 86 (66.2) G3: 93 (67.4)  asthma: Overall N: 660 G1: 210 (80.2) G2: 190 (81.6) G3: 139 (84.2)	White COPD: number (%) Overall N: 453 G1: 149 (80.5) G2: 116 (89.2) G3: 127 (92.0)  asthma: Overall N: 660 G1: 197 (75.2) G2: 189 (81.1) G3: 145 (87.9)  within both conditions, race differed by group (p<0.05)	Yes	Sample characteristic: medication compliance, No (%) not compliant  COPD Overall N: 453 G1: 64 (34.8) G2: 46 (35.4) G3: 54 (39.0) Asthma: Overall N: 660 G1: 91 (34.7) G2: 77 (33.1) G3: 61 (37.2)  Med compliance - 4 item measure, mean SD COPD Overall N: 453 G1: 1.3 (1.2) G2: 1.1 (1.0) G3: 1.0 (1.1) Asthma	Other study design: randomization was stratified within cluster of 3 proximal drugstores Other condition: asthma and COPD Other theory: not reported Other comment relevant to baseline characteristics presented stratified by disease (COPD vs. asthma)

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year					Overall N: 660 G1: 1.4 (1.1) G2: 1.2 (1.1) G3: 1.4 (1.2)	
Trial name (if applicable)					Peak expiratory flow rates (PEFR), mean SD, % predicted COPD: Overall N: 453 G1: 52.1 (21.1) G2: 46.4 (19.8) G3: 48.1 (18.4) P<.05 Asthma: Overall N: 660 G1: 70.0 (18.0) G2: 69.5 (18.5) G3: 70.8 (19.2) P>=.05	
Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial	Overall N: Mean (SD) = NR G1: Mean (SD) = 64 (12) G2: Mean (SD) = 66 (8)	Overall N: NR G1: 31% G2: 57% Overall N: NR G1: 26.9% G2: 34.6% G3: 56.5% G4: 56.5%	NR	Yes	Diagnosis of coronary artery disease (CAD) G1: N (%) = 26 (50%) G2: N (%) = 20 (43%) United Kingdom Prospective Diabetes Study (UKPDS) estimated 10-year cardiovascular risk <15% G1: N (%) = 6 (12%)	Other Randomization = Providers were randomized to treatment or control, and Patients were randomized to receive the intervention or control materials
Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial	Overall N: Mean (SD) = NR G1: Mean (SD) = 65.4 (11.1) G2: Mean (SD) = 63.4 (12.7)					

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year	G3: Mean (SD) = 67.4 (8.0) G4: Mean (SD) = 65.8 (8.1)				G2: N (%) = 15 (33%) 15-30% G1: N (%) = 16 (31%) G2: N (%) = 7 (15%) >30% G1: N (%) = 30 (58%) G2: N (%) = 24 (52%) Diagnosis of CAD G1: N (%) = 15 (57.7%) UKPDS estimated 10-year cardiovascular risk<15% G1: N (%) = 4 (15.4%) G2: N (%) = 2 (7.7%) G3: N (%) = 8 (34.8%) G4: N (%) = 7 (30.4%) 15-30% G1: N (%) = 7 (26.9%) G2: N (%) = 9 (34.6%) G3: N (%) = 5 (21.7%) G4: N (%) = 2 (8.7%) >30% G1: N (%) = 15 (57.7%) G2: N (%) = 15 (57.7%) G3: N (%) = 10 (43.5%) G4: N (%) = 14 (60.9%)	either from their clinician during the visit or from a researcher before the visit Funding source - Multiple = Foundation/non-profit and Mayo Clinic-affiliated patient education center (Other?) Theoretical model - Other = NS Baseline characteristics - Other =High school education completed Overall N: NR G1: N (%) = 51 (98%) G2: N (%) = 39 (87%) High school education Overall N: NR G1: N (%) = 25 (96.2%) G2: N (%) = 26 (100.0%)

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						G3: N (%) = 22 (95.7%) G4: N (%) = 17 (77.3%)
Trial name (if applicable)						
Williams et al., 2010 <sup>60</sup> NA	Overall N: 2698 G1: 26.8 +/- 17.4 G2: 28.8 +/- 17.4	Overall N: 1490 G1: 737 (55.2%) G2: 753 (55.3%)	AA Overall N: 1039 G1: 511 (38.3) G2: 528 (38.7) White Overall N: 1475 G1: 726 (54.4) G2: 749 (55.0) Other Overall N: 184 G1: 98 (7.3) G2: 86 (6.3)	No	NA	Other theory: theoretical model: none Other study design: clustered randomization was stratified by type of clinical practice: pediatrics vs. family medicine and internal medicine Other comment for relevance to KQ3b: Usual care group was given extensive educational materials in a variety of formats. G1 providers given opportunity to access adherence data in addition.
Wilson et al., 2010 <sup>61</sup> Better Outcomes of	Overall N: 612 G1: 45.7 +/- 13.3 G2: 46.9 +/- 12.1	Overall N: G1: 115 (56.4) G2: 114 (55.9)	Caucasian G1: 128 (62.8) G2: 124 (60.8)	Yes	Severity Level of Asthma control: Very poorly controlled	Other theory: MI techniques also used; Other

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	G3: 45.1 +/- 12.4	G3: 117 (57.4)	G3: 127 (62.3) AA G1: 32 (15.7) G2: 34 (16.7) G3: 30 (14.7) Asian G1: 20 (9.8) G2: 18 (8.8) G3: 22 (10.8) Hispanic G1: 9 (4.4) G2: 9 (4.4) G3: 8 (3.9) Pacific Islander G1: 15 (7.4) G2: 16 (7.8) G3: 17 (8.3) American Indian G1: 0 (0.0) G2: 3 (1.5) G3: 0 (0.0)		G1: 79 (38.7) G2: 82 (40.2) G3: 85 (42.1) Poorly controlled: G1: 96 (47.1) G2: 87 (42.7) G3: 83 (41.1) Moderately well controlled: G1: 17 (8.3) G2: 24 (11.8) G3: 29 (14.4) Well controlled: G1: 12 (5.9) G2: 11 (5.4) G3: 5 (2.5) Hospitalized for asthma in past 2 years G1: 71 (34.8) G2: 69 (33.8) G3: 76 (37.3) Income >=40K/yr G1: 133 (66.8) G2: 139 (70.9) G3: 134 (69.1)	comment for relevance to KQ3b: debatable whether the difference in SDM and CDM is a single factor
Wolever et al., 2010 <sup>62</sup> NA	Overall N: 53 (7.93) G1: 53.1 (8.29) G2: 52.8 (7.64)	Overall N: 77% G1: 73% G2: 81%	White Overall N: 39% G1: 33% G2: 46% Black Overall N: 57%	Yes	Sample characteristic: Household income < \$50,000 Overall N: 55% G1: 57% G2: 54%	Theoretical model - other = Integrative health coaching

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year			G1: 63% G2: 50% Other Overall N: 4% G1: 3% G2: 4%		Household income $\geq$ \$50,000 Overall N: 45% G1: 43% G2: 46%	
Trial name (if applicable)						
Zhang et al., 2010 <sup>63</sup> NA	Hyperlipidemia (N = 9185): G1 (Age %): 65-74 years, 40.2%; 75-84 years, 53.6%; $\geq 85$ years, 6.2% G2 (Age %): 65-74 years, 52.4%; 75-84 years, 41.1%; $\geq 85$ years, 6.5% G3 (Age %): 65-74 years, 54.7%; 75-84 years, 40.3%; $\geq 85$ years, 5% G4 (Age %): 65-74 years, 62%; 75-84 years, 34.3%; $\geq 85$ years, 3.7% Diabetes (N = 4018) G1 (Age %): 65-74 years, 41.3%; 75-84 years, 49.8%; $\geq 85$ years, 8.9% G2 (Age %): 65-74 years, 50%; 75-84 years, 42.8%; $\geq 85$	Hyperlipidemia: G1: 68.4 G2: 65.4 G3: 61.5 G4: 50.9 Diabetes G1: 60.3 G2: 58.2 G3: 56.7 G4: 47.6 Hypertension G1: 69.3 G2: 66.4 G3: 64.7 G4: 53.8 G4 differs from G1, G2, and G3 at $p < 0.05$	Hyperlipidemia: Proportion of white beneficiaries G1: 92.3 G2: 96 G3: 92 G4: 92.2 G2 vs. G4, $p < 0.05$ Diabetes: Proportion of white beneficiaries G1: 92.8 G2: 96.2 G3: 92.1 G4: 91.5 G2 vs. G4, $p < 0.05$ Hypertension: Proportion of white beneficiaries G1: 91.6 G2: 96.0 G3: 91.6 G4: 91.7 G2 vs. G4, $p < 0.05$	Yes	Hyperlipidemia: Median Income (\$), mean (SE) Among 65-74 year olds G1: 26,440 (261) G2: 25,865 (153) G3: 28,782 (92) G4: 28,948 (118) Among $\geq 75$ year olds G1: 19,798 (200) G2: 19,124 (123) G3: 20,796 (63) G4: 20,992 (79) Proportion living in Urban areas G1: 72.1 G2: 60.5 G3: 80 G4: 80.2 G1 and G2 differ from G4 at $p < 0.05$ Diabetes Among 65-74 year olds G1: 26,740 (361) G2: 25,713 (207) G3: 27,854 (130)	"Other level of randomization" = N/A "Multiple funders" = government, nonprofit, and academic "Other theoretical model" = none specified

First author's last name	Baseline age - mean (SD) (overall and by group, specify when measure is not mean, use NR when not reported)	Baseline % female (overall and by group, use NR when not reported)	Race/Ethnicity % (overall and by group, use NR when not reported)	Other baseline characteristics reported (i.e., income, literacy/health literacy, comorbid dz, severe dz, insurance status, inner-city, rural, adherence at baseline, other)	Specify characteristic and group differences (enter multiple characteristics if necessary)	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
Year						
Trial name (if applicable)						
	years, 7.2% G3 (Age %): 65-74 years, 54%; 75-84 years, 39.7%; ≥85 years, 6.3% G4 (Age %): 65-74 years, 60.7%; 75-84 years, 34.9%; ≥85 years, 4.5% Hypertension (N = 14,735) G1 (Age %): 65-74 years, 37.3%; 75-84 years, 48.6%; ≥85 years, 14.1% G2 (Age %): 65-74 years, 44.7%; 75-84 years, 44.6%; >85 years, 10.8% G3 (Age %): 65-74 years, 48.1%; 75-84 years, 42.5%; >85 years, 9.4% G4 (Age %): 65-74 years, 55.9%; 75-84 years, 37.9%; >85 years, 6.2% G4 differs from G1, G2, and G3 at p < 0.05				G4: 28,611 (178) Among ≥75 year olds G1: 19,968 (260) G2: 19,024 (167) G3: 20,290 (92) G4: 20,642 (113) Proportion living in Urban areas G1: 74.1 G2: 58.5 G3: 77.5 G4: 77.6 G2 vs. G4, p < .05 Hypertension Among 65-74 year olds G1: 26,940 (182) G2: 25,784 (107) G3: 28,427 (71) G4: 28,688 (100) Among ≥75 year olds G1: 19,868 (128) G2: 19,168 (89) G3: 20,563 (47) G4: 20,875 (67) Proportion living in Urban areas G1: 75.4 G2: 57.9 G3: 79.7 G4: 80.3 G2 vs. G4, p < 0.05	

Table D7. Medication Adherence Outcomes 1-2

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)		Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)		Data source	N	Results
Bender et al., 2010 <sup>1</sup> NA			Percent adherence was determined by dividing the number of inhaler puffs taken by the number of puffs prescribed to be taken each day and then averaged over the 10-week interval	10 weeks, measured once for entire period	Other [specify]		G1: 25 G2: 25	Mean % (SD): G1: 64.5% (17.2) G2: 49.1% (16.8) F: 9.66 P: .0032	NA	NA		NA	NA	NA
Berg et al., 1997 <sup>2</sup> NA			Compliance measured as a mean of number of events recorded on Chronolog inhaler vs. number of expected events based on self-report of prescription (SD) Source of data is a combination of self-report and	Compliance calculated as a % each day at week 7	Other [specify]		G1: 31 G2: 24	G1: 49 (31) G2: 32 (28) 95% CI: NR P <0.05	NA	NA		NA	NA	NA

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
			MDI chronolog scores									
Berger et al., 2005 <sup>3</sup>	NA		Discontinued use of Avonex	Assessed at 3 months	Self-report	G1: 172 G2: 195	G1: 2 (1.2%) discontinued G2: 17 (8.7%) discontinued 95% CI: N-R P: 0.001	NA	NA	NA	NA	NA
Bogner et al., 2008 <sup>4</sup>	NA		Depression adherence: % of prescribed doses taken; calculated as number of doses taken divided by the number of doses prescribed during the observation period multiplied by 100% - dichotomized with 80% threshold	Measured over 6 week study period for entire study period	MEMS	G1: 32 G2: 32	G1: 23 (71.9) G2: 10 (31.3) 95% CI: P: .001	Hypertension adherence: % of prescribed doses taken; calculated as number of doses taken divided by the number of doses prescribed during the observation period multiplied by 100%. Dichotomized with 80% threshold	Measured over 6 week study period for entire study period	MEMS	G1: 32 G2: 32	G1: 25 (78.1) G2: 10 (31.3) 95% CI: P: <.001
Bogner et al., 2010 <sup>5</sup>	NA		>80% adherence to an oral hypoglycemic agent	4 times, biweekly beginning at baseline and ending at week	MEMS	G1: 29 G2: 29	Baseline G1: 10 (34.5%) G2: 6 (20.7%) 95% CI: NR P: 0.19	>80% adherence to an antidepressant	4 times, biweekly beginning at baseline and ending at week 6	MEMS	G1: 29 G2: 29	Baseline G1: 8 (27.6%) G2: 4 (13.8%) 95% CI: NR P: 0.17

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)				Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)			
Year	Medication Adherence outcome 1	Data source	N	Results	Medication Adherence outcome 2	Data source	N	Results	
			6	Endpoint at 6 weeks G1: 18 (62.1%) G2: 7 (24.1%) 95% CI: NR P: 0.004				Endpoint at 6 weeks G1: 18 (62.1%) G2: 3 (10.3%) 95% CI: NR P: <0.001	
Bosworth et al., 2005 <sup>6</sup> V-STITCH	Change in proportion reporting overall medication adherence at 6 months between G1 and G2	Last 6 months; 2 times (including baseline); 6 months	Self-report G1: NR G2: NR	0.0074 95% CI: -0.062 to 0.076 P: NR	Adherence at 6 months among those adherent at baseline	Self-report Total: 387 G1: NR G2: NR		G1: 83% G2: 85% 95% CI: NR P: 0.68	
Bosworth et al., 2008 <sup>7</sup> TCYB	Increase in self-reported adherence from baseline to 6 months	Last 6 months; 1 time; 6 months	Self-report G1: 319 G2: 317	G1: +9% (63% to 72%) G2: +1% (67% to 68%) P=NR	NA	NA	NA	NA	NA
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper									
Capoccia et al., 2004 <sup>9</sup> na	Adherence to antidepressants - at 3 mo	Defined as use of antidepressants for at least 25 of the past 30 days; measured at 3, 6, 9, 12 mos	Self-report G1: NR G2: NR	G1: 85% G2: 81% 95% CI: NR Not Significant	Adherence to antidepressants - at 6 mo	Self-report G1: NR G2: NR		G1: 78% G2: 73% 95% CI: NR Not Significant	
Carter et al.,	Percentage of	Measured	Self-report G1: 192	Baseline (Mean	NA	NA	Other	NA	NA

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)				Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)			
Year	Medication Adherence outcome 1		Data source	N	Results	Medication Adherence outcome 2	Data source	N	Results
Trial name (if applicable)									
2009 <sup>10</sup> NA	patients with low self-reported medication adherence (i.e., score $\geq 3$ )	twice, once at baseline & once at 6 month follow-up		G2: 210	%, SD) G1: 17.3% (27.5) G2: 18.7% (22.0) 95% CI: NR  6 month follow-up (Mean %, SD) G1: 14.6% (25.4) G2: 14.7% (20.9) 95% CI: NR  P (within-group): 0.602 G2 P (within-group): 0.979 G1		[specify]		
Chernew et al., 2008 <sup>11</sup> NA	Medication Possession Ratio (MPR is number of eligible days in the quarter the person was in possession of the medication divided by the number of days in the quarter)	Measured in the pre and post periods (eight observations per patient during 2-year period)	Other [specify]	2004 (pre) G1: range 919-1,245 G2: range 3,596 - 4,185 2005 (post) G1: range 1,056 - 1,306 G2: range 3,535 - 4,072	Effect size (percent MPR Points) ACE inhibitors/ARBs = 2.59, p<0.001 Beta-blockers = 3.02, p<0.001  Diabetes drugs = 4.02, p<0.001  Statins = 3.39, p<0.001	NA	NA	Other [specify]	NA NR

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Medication Adherence outcome 1		Data source	N	Results	Medication Adherence outcome 2		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
Year													
Trial name (if applicable)													
Choudhry et al., 2010 <sup>12</sup> NA		Proportion of days covered (i.e., estimated number of days of medication available to each patient) - Change in level (i.e., immediate impact of copayment policy)	Measured monthly over the 24-month study period		Other [specify]	Overall N: 52,631 G1: 2051 G2: 779 G3: 38,174 G4: 11,627	Steroids = 1.86, p<0.134  Statin users Adjusted for differences in comorbidity & demographics G1: 3.1% increase in monthly adherence over G3, with no subsequent change in slope 95% CI: NR P: <0.05 Matched by first fill date for eligible prescription in study timeframe G1: 2.6% increase over G3, with no subsequent change in slope P: <0.05 Clopidogrel users Adjusted (all patients) G2: 4.2% increase over G4, with no subsequent change in slope 95% CI: NR	Odd of being fully adherent (monthly)		Measured monthly over the 24-month study period	Other [specify]	Overall N: 52,631 G1: 2051 G2: 779 G3: 38,174 G4: 11,627	Statin users Adjusted for comorbidity & demographics: G1: 17.0% increase over G3, with no subsequent change in slope 95% CI: NR P: <0.05 Matched by first fill date for eligible prescription in study timeframe G1: 15.1% increase over G3, with no subsequent change in slope 95% CI: NR P: <0.05 Clopidogrel users Adjusted for comorbidity & demographics: G2: 19.9% increase over

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year		Medication Adherence outcome 1								
Trial name (if applicable)										
					P: <0.05 Matched by first fill date for eligible prescription in study timeframe G1: 6.6% increase over G4, with no subsequent change in slope 95% CI: NR P: <0.05					G4, with no subsequent change in slope 95% CI: NR P: <0.05 Matched by first fill date for eligible prescription in study timeframe G2: 33.9% increase over G4, with no subsequent change in slope 95% CI: NR P < 0.05
Friedman et al., 1996 <sup>13</sup> NA	Antihypertensive medication adherence (total number of tablets, capsules, or patches dispensed minus the total number counted in the audit, divided by the number that should	Change scores were computed using value at 6 months minus value at baseline	Pill count	G1: 133 G2: 134	Unadjusted change from baseline G1: 2.4% mean increase G2: 0.4% mean increase P = 0.29  Adjusted change from baseline G1: 17.7% mean increase G2: 11.7% mean	Change in Antihypertensive medication adherence for baseline nonadherent subjects (Proportion of doses taken divided by the number that should have been taken by	Change scores were computed using value at 6 months minus value at baseline	Pill count	Overall N: 26 G1: NR G2: NR	G1: 36.0% G2: 26.0% 95% CI: NR P: 0.03

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)				Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)				
Year	Medication Adherence outcome 1	Data source	N	Results	Medication Adherence outcome 2	Data source	N	Results		
	have been taken by each subject)			increase P = 0.03	each subject)					
Fulmer et al., 1999 <sup>14</sup> NA	Percent of prescribed medication doses taken	Adherence was monitored during a 2-week pre-intervention phase, 6-week intervention phase (time 2), and 2-week post-intervention phase (time 3)	MEMS	G1: 17 G2: 15 G3: 18	Average compliance rates at baseline G1: 82% G2: 76% G3: 81%  Average compliance rates at time 3 G1: 84% G2: 74% G3: 57% (significantly decreased from baseline at p<0.04) 95% CI: P: There was a statistically significant time effect during the course of the study from baseline to post-intervention (F=4.08, p<0.05). Over time, G1 and G2 showed	NA	NA	NA	NA	NA

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)				Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)				
Year	Medication Adherence outcome 1		Data source	N	Results	Medication Adherence outcome 2		Data source	N	Results
					enhanced compliance relative to G3. However, there was no significant difference between G1 and G2.					
Grant et al., 2003 <sup>15</sup> NA	Difference from baseline to 3-month follow up in number of days in the last 7 that no doses were missed	7 days; two measures; baseline and 3 months measures	Self-report	G1: 61 G2: 54	G1: 0.1 (1) G2: 0.1 (0.4) 95% CI: P: 0.8	NA	NA	NA	NA	NA
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program	Medication compliance survey: patient currently taking pravastatin as prescribed, %	NR; 2 times; 3 months	Self-report	G1: 3635 G2: 913	At 6 months G1: 79.7 G2: 77.4 95% CI: NR P: NR	Medication compliance survey: missed no doses in past 7 days, %	7 days; 2 times; 3 months	Self-report	G1: 3635 G2: 913	At 6 months G1: 64.3 G2: 61.8 95% CI: NR P: NR
Hoffman et al., 2003 <sup>17</sup> NA	Percent adherence, first observation after 1 month of therapy	Patients with < 10 gap days in the initial month of therapy; measured once at 1 month	Pharmacy refill data	G1: 4899 G2: 4665	Percent adherent: G1: 58.9 G2: 57.4 95% CI: NR P: 0.136	Percent adherence using medication possession ratios, at 3 months	Measured once at 3 months for previous 30 days; adherence defined as < 10 gap days in 30-day period	Pharmacy refill data	G1: 4899 G2: 4665	Percent adherent: G1: 66.9 G2: 66.5 95% CI: NR P: < 0.01
Hunt et al., 2008 <sup>18</sup> NA	Proportion of subjects reporting high medication	One time at end of study	Self-report	G1: 142 G2: 130	G1: 67% (N = 95/142) G2: 69% (N = 90/130)	Increase in adherence from baseline to final	At baseline and at end point	Self-report	G1: 142 G2: 130	G1: 61% at baseline, 67% at end point, p = 0.08

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)			Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)			Data source	N	Results
			adherence at study end						95% CI: NR P: 0.771	assessment						G2: no significant increase from baseline to final (P = 0.52) [baseline and end point % not reported] 95% CI: NR P: NR
Janson et al., 2009 <sup>20</sup> NA			Mean change % adherence; numerator was capped at the prescribed doses per day to avoid overestimation of adherence to greater than 100% per day. Percent adherence (taken/prescribed)	Measured biweekly during 4-week intervention (T0-T1); measured at 4-week intervals for following 14 weeks of observation (T1-T2)	Other [specify]			NR	T0-T1 G1: -0.18 G2: -1.40 P: 0.72  T1-T2 G1: -4.28 G2: -4.41 P: 0.97	The odds of maintaining greater than 60% adherence -the OR represents a comparison of T2 vs. T1 within groups; however, I report the p-value for the between-groups comparison	Measured biweekly during 4-week intervention (T0-T1); measured at 4-week intervals for following 14 weeks of observation (T1-T2)	Other [specify]			NR	T0-T1 G1: 9.2 G2: 0.4 P: 0.02  T1-T2 G1: OR: 0.3 G2: OR: 1.1 P: .31
Janson et al., 2003 <sup>19</sup> NA			ICS adherence (number of puffs recorded daily in the diary divided by the number of	Assessed at baseline, and end of week 1, 2, 5, 7; time frame for baseline	Other [specify]			G1: 33 G2: 32	G1: 91 (32) G2: 62 (38) 95% CI: NR P: NR	ICS adherence (number of puffs recorded daily in the diary divided by the number	Assessed at baseline, and end of week 1, 2, 5, 7; time frame for baseline measurement	Other [specify]			G1: 33 G2: 32	Between group difference: 24 (5 to 43), P= 0.01

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
			puffs prescribed) % (SD) Source of data was self-report supplemented by medication monitors	measurement was one week; time frame for final measurement NR				of puffs prescribed) between group-difference in change from baseline to final visit (95% CI) Source of data was self-report supplemented by medication monitors	was one week; time frame for final measurement not reported			
Johnson et al., 2006 <sup>22</sup> NR			Behavioral measure of non-adherence [Data source: 5-item survey measuring frequency of various form of non-adherence]	Last 6 months; 4 times every 6 months (0,6,12, and 18 months)	Self-report	G1: NR G2: NR	Baseline G1: in figure only G2: in figure only 95% CI: NR P>0.056 months G1: in figure only G2: in figure only 95% CI: NR P>0.0512 months G1: in figure only G2: in figure only 95% CI: NR P<0.0118 months G1: in figure only G2: in figure only 95% CI: NR P<0.001	Pre-action sample only - Reaching Action (A) or M (Maintenance) stage for adherence, %; Action defined as having improved adherence for < 6 months; Maintenance defined as having improved adherence for >6 months;	Last 6 months; 4 times every 6 months (0,6,12, and 18 months)	Self-report	G1: NR G2: NR	Baseline G1: in figure only G2: in figure only 95% CI: NR P:NR  6 months G1: in figure only G2: in figure only 95% CI: NR P>0.05  12 months G1: 73.1%

First author's last name	Year	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
							[Data source: complete case analysis evaluating Stage of Change]				G2: 57.6% 95% CI: NR P<0.001  18 months G1: 69.1% G2: 59.2% 95% CI: NR P<0.01
Johnson et al., 2006 <sup>21</sup> NR	Pre-action sample only Reaching Action (A) or M (Maintenance) stage for adherence, % [Data source: complete case analysis evaluating Stage of Change]	Last 6 months; 4 times every 6 months (0,6,12, and 18 months)	Self-report	Baseline Overall N: 205 G1: NR G2: NR 6 months Overall N: 190 G1: NR G2: NR 12 months Overall N: 172 G1: NR G2: NR 18 months Overall N: 173 G1: NR G2: NR	Baseline Overall N: 205 G1: in figure only G2: in figure only OR: NR P:NR 6 months Overall N: 190 G1: 55.3% G2: 40.0% OR=1.80 P<0.05 12 months Overall N: 172 G1: in figure only G2: in figure only OR: NR P=0.057 18 months Overall N: 173 G1: 56.0% G2: 37.8% OR: NR P<0.01	Pre-action sample only Medication Adherence Scale score [Data Source: 4-item scale assessing whether individual has engaged in various forms of non-adherence]	Last 3 months; 4 times; measured every 6 months (0,6,12, and 18 mos)	Self-report	Baseline Overall N: 262 G1: NR G2: NR 6 months Overall N: 180 G1: NR G2: NR 12 months Overall N: 163 G1: NR G2: NR 18 months Overall N: 161 G1: NR G2: NR	Baseline Overall N: 262 G1: in figure only G2: in figure only OR: NR P:NR 6 months Overall N: 180 G1: in figure only G2: in figure only OR=1.49 P<0.01 12 months Overall N: 163 G1: in figure only G2: in figure only OR=1.62 P<0.001	

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
												18 months G1: in figure only G2: in figure only OR=1.62 P<0.01
Katon et al., 1995 <sup>23</sup> NA			% receiving adequate dosage of antidepressants for ≥30 days (details NR)	During continuation phase of treatment (3-7 months)	Pharmacy refill data	Major depression group N=91 Minor depression group N=126	Major depression group G1: 87.8 G2: 57.1 95% CI: NR P: <0.001 Minor depression group G1: 88.1 G2: 47.8 95% CI: NR P: <0.001	% receiving adequate dosage of antidepressants for ≥90 days (details NR)	During continuation phase of treatment (3-7 months)	Pharmacy refill data	Major depression group N=91 Minor depression group N=126	Major depression group G1: 75.5 G2: 50.0 95% CI: P: <0.01 Minor depression group G1: 79.7 G2: 40.3 95% CI: P: <0.001
Katon et al., 1996 <sup>24</sup> NA			Medication adherence - telephone interview asking if they were still taking antidepressants and considered adherent if they reported taking medication at least 25 out of last 30 days	Measured at 1-month follow up [specify]	Other [specify]	G1: 76 G2: not specified << <i>he article states that all intervention patients were included in outcome analyses based on ITT principles,</i>	Major Depression Group at 1-month follow up (%) G1: 85% G2: 63% P=0.06 Minor Depression Group at 1-month follow up (%) G1: 81% G2: 67% P=.13	Medication adherence - telephone interview asking if they were still taking antidepressants and considered adherent if they reported taking	Measured at 4-month follow up	Other [specify]	G1: 76 G2: not specified < <i>The article states that all intervention patients were included in outcome</i>	Major Depression Group at 4-month follow up (%) G1: 89% G2: 62% P=0.02 Minor Depression Group at 4-month follow up (%)



First author's last name	Year	Medication	Trial name (if applicable)	Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication	Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
NA								2.65) P: < 0.001% patients (95% CI): 0-3 m: G1: 80.7 (75.1-86.3) G2: 65.6 (58.8-72.4) 3-6m: G1: 71.9 (65.5-78.2) G2: 58.2 (51.2-65.2) 6-9m: G1: 68.4 (61.8-75.0) G2: 55.6 (48.5-62.7) 9-12m: G1: 63.2 (53.3-70.0) G2: 49.7 (42.6-56.9)						
Van Korff et al., 2003 <sup>29</sup>														
NA														
Lee et al., 2006 <sup>30</sup>		% medication adherence at 14 months (proportion of pills taken), mean (SD)	FAME	Total timeframe of 6 month average (months 8-14); G1 - 3 pill counts every 2 months; G2 - 1 pill count at the end of 6 months	Pill count	G1: 83 G2: 76		G1: 95.5 (7.7) G2: 69.1 (16.4) 95% CI: NR P<0.001	>=80% adherence to all medications, %	Last 2 months; 4 times (including baseline at 8 months); 2 months	Pill count	G1: 77 G2: 69		G1: 97.4 G2: 21.7 95% CI: NR P<0.001

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
Lin et al., 2006 <sup>31</sup> NA			Percentage of days nonadherent	Measured 2 times over a 12-month period	Pharmacy refill data	Oral hypoglycemic agent Baseline G1: 103 G2: 103 Endpoint G1: 103 G2: 103 ACE inhibitor Baseline G1: 54 G2: 65 Endpoint G1: 59 G2: 52 Lipid-lowering agent Baseline G1: 50 G2: 52 Endpoint G1: 54 G2: 63	Oral hypoglycemic agent Baseline (%) (Mean (SD)) G1: 19.8% (21.3%) G2: 22.9% (24.0%) 95% CI: NR P: NS Endpoint (%) (Mean (SD)) G1: 28.2% (28.9%) G2: 24.0% (24.7%) 95% CI: NR P: <0.03 ACE inhibitor Baseline (%) (Mean (SD)) G1: 27.4% (27.1%) G2: 29.7% (29.3%) 95% CI: NR P: NS Endpoint (%) (Mean (SD)) G1: 24.2% (22.7%) G2: 18.9%	Adjusted mean difference in percentage of days nonadherent (baseline minus endpoint)	NA	Pharmacy refill data	Oral hypoglycemic agent Baseline G1: 103 G2: 103 Endpoint G1: 103 G2: 103 ACE inhibitor Baseline G1: 54 G2: 65 Endpoint G1: 59 G2: 52 Lipid-lowering agent Baseline G1: 50 G2: 52 Endpoint G1: 54 G2: 63	Oral hypoglycemic agent (%) = -6.3% 95% CI: -11.91 to -0.71 P: NS ACE inhibitor (%) = -2.5% 95% CI: -8.69 to 3.70 P: NS Lipid-lowering agent (%) = -0.2 95% CI: -7.23 to 6.76 P: NS

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
					(17.4%) 95% CI: NR P: NS <u>Lipid-lowering agent</u> Baseline (%) (Mean (SD)) G1: 29.3% (26.7%) G2: 24.5% (23.0%) 95% CI: NR P: NS Endpoint (%) (Mean (SD)) G1: 28.8% (27.1%) G2: 27.7% (24.0%) 95% CI: NR P: NS					
Mann et al., 2010 <sup>32</sup> The Statin Choice	% of participants with good adherence at 3 months using Morisky 8-item scale (NOTE: calculated % with "good adherence" without information re:	Ever, yesterday, 2 weeks, sometimes (used Morisky 8-item scale which uses all these time frames); measured TWICE; at 3 and 6 months	Self-report	G1: NR G2: NR	G1: NR G2: NR 95% CI: P: No significant difference reported between groups for overall 70% with "good adherence" for whole group at 3 months	% of participants with good adherence at 6 months using Morisky	Same as mentioned for 3 months	Self-report	G1: NR G2: NR	G1: NR G2: NR 95% CI: P: No significant difference reported between groups for overall 80% with "good adherence" for

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
			how this was defined using the scale; other studies have used cut-off of <6)	over the phone;								whole group at 6 months
Murray et al., 2007 <sup>33</sup> NA			"Taking Adherence": % of prescribed medication doses taken based on physician's prescription	During intervention period (9 mos)Frequency : continuous daily MEMS monitoringDuration between measures: 12 to 24 hours, depending on med frequency	MEMS	G1: 122 G2: 192	Proportion (95% CI) G1: 78.8% (74.9-82.7) G2: 67.9% (63.8-72.1) Difference: 10.9% (5.0-16.7) P: NR	"Taking Adherence": % of prescribed medication doses taken based on physician's prescription	Post-intervention (3 additional mos - 12 months)Frequency: continuous daily MEMS monitoringDuration between measures: 12 to 24 hours, depending on med frequency	MEMS	G1: 122 G2: 192	Proportion (95% CI) G1: 70.6% (64.9-76.2) G2: 66.7% (62.3-70.9) Difference 3.9% (-2.8-10.7)p=NR
Nietert et al., 2009 <sup>34</sup> NA			Time-to-refill (days)	NR	Pharmacy refill data	G1: 1018 G2: 1016 G3: 1014	Unadjusted G1: Median (interquartile range or IR) = 108 (39-257) G2: Median (IR) = 116 (37-257) G3: Median (IR) = 106 (31-257) (257 represents a lower bound than 75th percentile because of amount of	Filled prescription for any qualified medication in the same chronic disease classification as the index medication, within 30 days of index date	NR	Pharmacy refill data	G1: 1018 G2: 1016 G3: 1014	Unadjusted G1: N (%) = 207 (20.3%) G2: N (%) = 213 (21.0%) G3: N (%) = 243 (24.0%) 95% CI: NR P: NR Adjusted G1: Hazard ratio (HR, 98.3% CI) = 0.79 (0.61-

First author's last name	Year	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)			Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)			Data source	N	Results
								censoring present) 95% CI: NR P: NR Adjusted G1: Hazard ratio (HR, 97.5% CI) = 0.93 (0.82-1.06) G2: HR, 98.3% CI = 0.87 (0.76-1.00) G3: HR, 95% CI = 0.93 (0.83-1.05) 95% CI: NR P: NR							1.03) G2: HR, 97.5% CI = 0.83 (0.65-1.06) G3: HR, 95.0% CI = 0.96 (0.77-1.20) 95% CI: NR P: NR
Okeke et al., 2009 <sup>35</sup> NA		Proportion of prescribed doses taken	Dosing aids were downloaded after the observational cohort period (capturing data for a 3 month period) and at the end of the RCT (capturing data for a 3 month period)	Other [specify]	G1: 35 G2: 31			G1: adherence rate (SD) 0.73 (0.22) G2: adherence rate (SD) 0.51 (0.30) 95% CI: N-R P: 0.001	Change in adherence rates (unadjusted)	Dosing aids were downloaded after the observational cohort period (capturing data for a 3 month period) and at the end of the RCT (capturing data for a 3 month period)	Other [specify]		G1: 35 G2: 31		G1: change in adherence rate (SD) 0.19 (0.20) G2: change in adherence rate (SD) 0.06 (0.23) 95% CI: N-R P: 0.01
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support		Medication adherence (unspecified)	3 times for G2, and 2 times for G1 and G3 over a 12-month period	Self-report	G1: 50 G2: 58 G3: 91			Baseline High (%): G1 = 50.0%, G2 = 29.8%, G3 = 41.8% Medium (%): G1 =	NA	NA	Other [specify]		NA		NA

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)				Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)			
Year	Medication Adherence outcome 1	Data source	N	Results	Medication Adherence outcome 2	Data source	N	Results	
(CaRESS) Trial					42.0%, G2 = 63.2%, G3 = 49.5% Low (%): G1 = 8.0%, G2 = 7.0%, G3 = 8.8% 95% CI: NR P (G1 vs. G2 vs. G3): 0.1584 P (G1 + G2 vs. G3): 0.4358 Endpoint High (%): G1 = NR, G2 = NR, G3 = NR Medium (%): G1 = NR, G2 = NR, G3 = NR Low (%): G1 = NR, G2 = NR, G3 = NR				
Powell et al., 1995 <sup>37</sup> NA	Medication possession ratio (MPR)	Refill data collected over a 9-month period	Pharmacy G1: 1993 G2: 2253	Overall G1: 0.70 (0.23) G2: 0.70 (0.28) 95% CI: NR P: NR Benazepril (Mean (SD)) G1: 0.71 (0.25) G2: 0.72 (0.26) 95% CI: NR P: NR Transdermal	Compliance (MPR ≥ 0.80)	Refill data collected over a 9-month period	Pharmacy G1: 1993 G2: 2253	Overall (N (%)) G1: 917 (46%) G2:998 (44%) 95% CI: NR P: NR Benazepril (N (%)) G1: 78 (45%) G2: 104 (44%) 95% CI: NR P: NR	

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)			Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)			
Year	Medication Adherence outcome 1	Data source	N	Results	Medication Adherence outcome 2	Data source	N	Results
				estrogen (Mean (SD)) G1: 0.60 (0.32) G2: 0.58 (0.32) 95% CI: NR P: NR Metoprolol (Mean (SD)) G1: 0.74 (0.27) G2: 0.73 (0.28) 95% CI: NR P: NR Simvastatin (Mean (SD)) G1: 0.73 (0.26) G2: 0.70 (0.28) 95% CI: NR P: NR				Transdermal estrogen (N (%)) G1: 266 (37%) G2: 209 (35%) 95% CI: NR P: NR Metoprolol (N (%)) G1: 438 (53%) G2: 466 (52%) 95% CI: NR P: NR Simvastatin (N (%)) G1: 135 (50%) G2: 138 (46%) 95% CI: NR P: NR
Pyne et al., 2011 <sup>38</sup>	Antidepressant regimen adherence - at 6 months;	Each measurement is percentage adherence over previous 4 days (i.e. total number of prescribed pills taken divided by total number of prescribed; transformed to dichotomous	Self-report G1: 66 G2: 72	G1: 78.8% G2: 69.4% OR (95%CI): 1.60 (0.74-3.45) Adjusted OR (95%CI): 1.65 (0.75-3.62) Adjusted P: 0.22	Antidepressant regimen adherence - at 12 months	Each measurement is percentage adherence over previous 4 days (i.e. total number of prescribed pills taken divided by total number of prescribed, transformed to dichotomous outcome with	Self-report G1: 59 G2: 60	G1: 45/59 (76.3) G2: 51/60 (85.0) OR: 0.55 (0.21-1.44); adjusted OR: 0.56 (0.20-1.57) Adjusted P: 0.27

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)				Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)				
Year	Medication Adherence outcome 1	Data source	N	Results	Medication Adherence outcome 2	Data source	N	Results		
Trial name (if applicable)										
		outcome with cutpoint at $\geq 80\%$ ). 3 measurements taken: baseline, 6-month and 12-months.				cutpoint at $\geq 80\%$ ). 3 measurements taken: baseline, 6-month and 12-months.				
Rich et al., 1996 <sup>39</sup> NA	Overall compliance rates by method 1: percentage of pills taken correctly for each current medication determined by pill count at home visit by pharmacist or trained pharmacy assistant, then averaged	30 days +/- 2 days after discharge; 1 time; NA	Pill count	G1: 80 G2: 76	Overall: 84.6% +/- 15.1% G1: 87.9 +/- 12.0% G2: 81.1 +/- 17.2% 95% CI: NR P: 0.003	Overall compliance rates by method 2: percentage of pills taken correctly for all current medications (pooled) determined by pill count at home visit by pharmacist or trained pharmacy assistant	30 days +/- 2 days after discharge; 1 time; NA	Pill count	G1: 80 G2: 76	Overall: 84.3% +/- 15.0% G1: 87.5 +/- 12.6% G2: 80.9 +/- 16.7% 95% CI: NR P: 0.003
Rickles et al., 2005 <sup>40</sup> NA	% omitted antidepressant doses at 3 months	2 measurements, each for 3 month time period	Pharmacy refill data	G1: 28 G2: 32	No. (Mean $\pm$ SD) G1: 28 (18.1 $\pm$ 23.5) G2: 32 (18.7 $\pm$ 22.1) NS	% omitted antidepressant doses at 6 months	2 measurements, each for 3 month time period	Pharmacy refill data	G1: 28 G2: 32	Without ITT: No. (Mean $\pm$ SD) G1: 28 (30.3 $\pm$ 36.4) G2: 32 (48.6 $\pm$ 39.2) p <0.05 (one tailed)

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
												With ITT, the difference was not significant (data NR)
Ross et al., 2004 <sup>41</sup>	NR		Medication adherence score (scored 0-4)[questions derived from Morisky]	NR; 3 times (including baseline); 6 months	Self-report	G1: NR G2: NR	6 months G1: 3.5 G2: 3.4 Difference (CI): +0.1 (-0.2, 0.4) P: NR 12 months G1: 3.6 G2: 3.4 Difference (CI): +0.2 (-0.1, 0.6) P: 0.15	General adherence score (0-100 score)	NR; 3 times (including baseline); 6 months	Self-report	G1: NR G2: NR	6 months G1: 81 G2: 78 Difference (CI): +2.3 (-3.7, 8.3) P: NR 12 months G1: 85 G2: 78 Difference (CI): +6.4 (1.8, 10.9) P: 0.01
Rudd et al., 2004 <sup>42</sup>	NA		Rate of daily adherence (average number of days on which patient's took the correct number of doses as prescribed) at 6 months, mean (SD)	1 day; daily ; 6 months	MEMS	G1: NR G2: NR	G1: 80.5% (23.0%) G2: 69.2% (31.1%) 95% CI: NR P: 0.03	Proportion of medications taken correctly among those on a once-daily dosing regimen	1 day; daily ; 6 months	MEMS	NR	G1: 82% (28%) G2: 75% (27%) 95% CI: NR P: NR, not significant per text
Rudd et al., 2009 <sup>43</sup>	NA		Mean score on adherence to treatments scale (0=best, self-report	Measured at baseline, 6 and 12 months; self-report	Self-report	Baseline G1: 51 G2: 63	Baseline mean (SD) score (0=best, 3=worst) G1: 0.40 (0.40)	Percent Change at 6 months and 12 months in	Measures at 6 months and 12 months; percent change from	Self-report	Baseline G1: 51 G2: 63	Percent Change (Scales show improvement

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence Outcome	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
Year	Medication Adherence outcome 1									
	3=worst)	period N-R		6m G1: 49 G2: 57  12m G1: 48 G2: 57	G2: 0.30 (0.37)  6m mean (SD) G1: 0.23 (0.28) G2: 0.24 (0.32)  12m mean (SD) G1: 0.17 (0.25) G2: 0.18 (0.30)	Medication Adherence Outcome	baseline to 6 months and percent change from base line to 12 months		6m G1: 49 G2: 57  12m G1: 48 G2: 57	with decreased scores ) Baseline to 6 months G1: -4.76 G2: 0.25 95% CI: NR P: 0.33 Baseline to 12 months G1: -12.21 G2: -3.12 95% CI: NR P: 0.10
Schaffer et al., 2004 <sup>44</sup> NA	Pharmacy adherence % (days of medication dispensed (number of doses dispensed divided by daily dosage), divided by the number of days between refill and date of study visit ) for past 3 mo.	Baseline, 3, 6 mo; 3 month time frame	Pharmacy refill data	G1: 11 G2: 10 G3:12 G4:13	Pharmacy adherence % (SD) G1(audio+ book) Pre: 0.41 (0.42) 3 mo: 0.53 (0.41) 6 mo: 0.77 (0.24) G2(audio only) Pre: 0.32 (0.39) 3 mo: 0.40 (0.32) 6 mo: 0.48 (0.38) G3(book only) : Pre: 0.62 (0.34) 3 mo: 0.73 (0.23) 6 mo: 0.77 (0.24) G4(UC) : Pre: 0.62 (0.40) 3 mo: 0.42 (0.39) 6 mo: 0.40 (0.44)	Self-reported adherence: number of doses of preventive medication missed during the 2 weeks prior to each study visit.	Baseline, 3, 6 mo; 2 week timeframe	Self-report	G1: 11 G2: 10 G3:12 G4:13	Self-report missed: mean (SD) G1(audio+ book) Pre: 1.72 (2.15) 3 mo: 2.40 (3.10) 6 mo: 1.17 (1.53) G2(audio only) Pre: 8.10 (12.63) 3 mo: 7.70 (10.85) 6 mo: 4.68 (27.34)

First author's last name	Year	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
						BL-3 mo: G4 vs. G2 p = .4 G4 vs. G3 p = .02* G4 vs. G1 p = .07 Pre-6 mo: G4 vs. G2 p = .17 G4 vs. G3 p = .02* G4 vs. G1 p = .04*					G3(book only) : Pre: 6.58 (9.52) 3 mo: 8.91 (15.25) 6 mo: 1.17 (1.53) G4(UC) : Pre: 3.61 (7.65) 3 mo: 6.25 (10.49) 6 mo: 3.75 (7.89)  Pre-3 mo G4 vs. G2 p = .9 G4 vs. G1 p = .7 G4 vs. G3 p = .5  Pre-6 mo G4 vs. G3 p = .2 G4 vs. G2 p = .2 G4 vs. G1 p = .5
Schectman et al., 1994 <sup>45</sup> NA		Answer at 2 months to interview question:	7 day timeframe; 3 times total every 2 months	Self-report Niacin:	G1: 40 G2: 40	Niacin: G1: 76 +/- 5 G2: 77 +/- 6 95% CI: NR	Prescription refill proportion at 2 months	Monthly timeframe; measured 2 times; 1 month	Pharmacy Niacin: refill data	G1: 40 G2: 40	Niacin: G1: 90 +/- 2 G2: 84 +/- 3 95% CI: NR

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
			"During the past week, how many doses of your medication have you missed?"			BAS: G1: 18 G2: 22	P: 0.85  BAS: G1: 76 +/- 7 G2: 60 +/- 9 95% CI: NR P: 0.14		between measures		BAS: G1: 18 G2: 22	P: 0.07  BAS: G1: 88 +/- 4 G2: 82 +/- 4 95% CI: NR P: 0.32
Schneider et al., 2008 <sup>46</sup> NA			Percentage of patients who had prescriptions refilled on time (±5 days of due date)	Calculated for all previous months at 6 month and 12 month follow-ups	Pharmacy refill data	G1: 47 G2: 38	Mean (SD) G1: 80.4 (21.2) G2: 66.1 (28.0) 95% CI: N-R P: 0.12	Medication possession ratio (sum of day's supply for all rx's received during the study divided by the number of days between the dates of the 1st and last rx dispensing)	Calculated for all previous months at 6 month and 12 month follow-ups	Pharmacy refill data	G1: 47 G2: 38	Mean (SD) G1: 0.93 (11.4) G2: 0.87 (14.2) 95% CI: P: 0.039
Schnipper et al., 2006 <sup>47</sup> NA			Medication adherence score on previous day	Whether patient took each medication exactly as prescribed on previous day	Self-report	G1: 92 G2: 84	0-100, 100 represents complete adherence with all medications G1: 88.9 (0.71-1.00) G2: 87.5 (0.73-1.00) 95% CI: NR P: 0.91	#/% of patients non-adherent with at least 1 medication	N-R	Self-report	G1: 67 G2: 62	G1: 36 (54%) G2: 33 (53%) 95% CI: P: >0.99



First author's last name	Year	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)		Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)		Data source	N	Results
							G2: Visit 1: 0.60 (0.87) Visit 5: 0.61 (0.94) 95% CI NR p NR	group					
Stacy et al., 2009 <sup>53</sup> NA		6 month point prevalence persistency: subject being in possession of a statin at the end of the 180-day observation period	6 months from baseline; 1 time; N/A	Pharmacy refill data	G1: 253 G2: 244		G1: 70.4% G2: 60.7% Unadjusted OR (90% CI): 1.54 (1.13-2.10) Adjusted OR (90%CI): 1.64 (1.19-2.26) P: <0.05	Continuous Persistence: having any statin prescription dispensed at least every 30 days after the end date of a previous prescription for a statin	6 months from baseline; 1 time; N/A	Pharmacy refill data	G1: 253 G2: 244		G1: 52.2% G2: 44.3% Unadjusted OR (90% CI): 1.37 (1.02-1.85) Adjusted OR (90%CI): 1.41 (1.05-1.94) P: <0.10
Taylor et al., 2003 <sup>54</sup> NA		Compliance	At 12 months: Took ≥80% of all medications in past month (number of self-reported missed doses in past month of each med were divided by total prescribed doses for that month; %s for all meds were	Self-report	G1: 33 G2: 36		Mean (SD) compliant patients G1: 100 G2: 88.9 (6.3) 95% CI: P: 0.115	NA	NA	NA	NA	NA	NA

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome	Data source	N	Results
				(timeframe of measure; frequency of measures; duration between measures) averaged together)					(timeframe of measure; frequency of measure; duration between measures)			
Vivian et al., 2002 <sup>55</sup> NA			Compliance survey at 6 months: how often do you forget to take your medication (forgets>=once/wk)? (%)	Varied b/t groups; compliance measured in G1 at monthly visits, only measured at baseline and study end for G2	Self-report	G1: 26 G2: 27	G1: 68% G2: 48% 95% CI: NR P: 0.252	Compliance survey at 6 months: How often do you stop taking your medication when you are feeling better? (>=once/wk)	Varied b/t groups; compliance measured in G1 at monthly visits, only measured at baseline and study end for G2	Self-report	G1: 26 G2: 27	G1: 32% G2: 20% 95% CI: NR P: 0.520
Waalén et al., 2009 <sup>56</sup> NA			Percentage of women using osteoporosis medication	Measured at 1 year and 30 days from entry into study using pharmacy database	Pharmacy refill data	G1: 109 G2: 102	G1: 68.8% filled rx G2: 45.1% filled rx 95% CI: N-R P: <0.001	NA	NA	NA	NA	NA
Weinberger et al., 2002 <sup>57</sup> NA			Single item indicator for proportion of noncompliance (Inui et al.) - adjusted OR at 12 months comparing 1) Pharm Care to peak flow monitoring and 2) Pharm care vs. Usual care	Assessed at baseline, 6 and 12 months; time frame is previous 2 months	Self-report	Overall N: 898 G1: 356 G2: 296 G3: 246	Pharm Care vs. Peak Flow monitoring (G1 vs. G2): aOR: 0.81 (0.58-1.12)  Pharm Care vs. Usual Care (G1 vs. G3): aOR: 1.09 (0.80-1.49)	Morisky 4-item scale range from 0 (low) to 4 (high) - 12 month outcome	Assessed at baseline, 6 and 12 months; time frame is previous 2 months	Self-report	Overall N: 898 G1: 356 G2: 296 G3: 246	G1: 0.87 (0.05) G2: 0.85 (0.05) G3: 0.92 (0.06)  p=0.57

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source		N		Results	Medication Adherence outcome 2		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source		N	Results
Year	Trial name (if applicable)	Medication Adherence outcome 1												
	Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial	Post-intervention adherence (i.e., not missing any doses) in the last week	Measured once at 3 months after the intervention; measured only among those taking statins;	Self-report	G1: 33 G2: 29		G1: 31 G2: 23 Odds ratio: 3.4 95% CI: 1.5-7.5 P: NR	Post intervention adherence at 3 months (Adherence stratified by mode of delivery)		Not missing any doses in the past 3 week	Self-report	NS		There were no statistically significant effects of mode of delivery on adherence to statins at 3 months (OR 0.8, CI 0.3, 2.6).
	Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial						<<note: article reports number of people in each group who missed 1 or more doses in the last week, the numbers above are the people who did not miss a dose, i.e. those who were adherent>>							
	Williams et al., 2010 <sup>60</sup> NA	Percent adherence to ICS at end of study; <b>all adherence measures constructed as follows:</b> linked electronic prescription information with fill information from pharmacy	Once, end of study, measured for past 3 months of intervention	Other [specify]	G1: 1335 G2: 1363		Mean +/- SE: G1: 21.3 +/- 2.5 G2: 23.3 +/- 2.2 95% CI: NR P: .553	NA		NA	NA		NA	NA



First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 1	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
			days of supply divided by the number of days of observation. This estimates the proportion of time that the patients took their medication.									
Wilson et al., 2010 <sup>61</sup>		Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	Medication acquisition at Year 1 - all asthma meds; Fill/refill adherence was measured using a continuous medication acquisition (CMA) index for each year, calculated as the total days' supply acquired in a given year divided by 365 days	Follow-up year 1, continuous measure for entire year	Pharmacy refill data	G1: 204 G2: 204 G3: 204	G1: 0.67 G3: 0.46; P: 0.0001 Group difference: 0.21 95%CI: 0.13-0.28 G1: 0.67 G2: 0.59; P: .0029 Group difference: 0.08 95%CI: 0.01-0.15 G2: 0.59 G3: 0.46 P: .0008 Group difference: 0.13 95%CI: 0.05-0.20	Medication acquisition - ICS; Fill/refill adherence was measured using a continuous medication acquisition (CMA) index for each year, calculated as the total days' supply acquired in a given year divided by 365 days	Follow-up year 1, continuous measure for entire year	Pharmacy refill data	G1: NR G2: NR G3: NR	G1: 0.59 G3: 0.37; P: 0.0001 G1: 0.59 G2: 0.52; P: .017 G2: 0.52 G3: 0.37 P: .0001
Wolever et al., 2010 <sup>62</sup>		NA	Morisky Adherence Scale	6 months	Self-report	G1: 27 G2: 22	G1: Pre (Mean, SD) = 6.7 (0.96), Post (Mean, SD) =	NA	NA	Other [specify]	G1: NA G2: NA	G1: NA G2: NA 95% CI: NA

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results
Year	Medication Adherence outcome 1									
Trial name (if applicable)										
					7.2 (0.97) Change Over Time (P) = 0.004 G2: Pre (Mean, SD) = 6.7 (1.25), Post (Mean, SD) = 6.9 (1.25) Change Over Time (P) = NS 95% CI: NR P: NR					P: NA
Zhang et al., 2010 <sup>63</sup> (cont'd) NA	NA	NA	NA	NA	Hypertension(Una djusted) G1 Pre: 62.4; Post: 75.2 G2 Pre: 81.1; Post: 82.6 G3 Pre: 82.7; Post: 83.7 G4 Pre: 85.1; Post: 84.0(Multivariate 2-year Part D Effect, estimate and 95% CI) G1: 13.5 (18.6,25.0) G2: 2.6 (1.2, 4.1) G3: 2.5 (1.7, 3.2) G4 Ref(% Change, Estimated	NA	NA	NA	NA	NA

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)		First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	
Year	Medication Adherence outcome 1	Data source	N	Results	Medication Adherence outcome 2	Year	Medication Adherence outcome 1	Data source	N	Results	Medication Adherence outcome 2
				Effects/pre Value and 95% CI) G1: 21.8 (18.6, 25.0) G2: 3.2 (1.5, 5.0) G3: 3.0 (2.0, 3.9)							
Zhang et al., 2010 <sup>63</sup>	Medication Possession Ratio	Pre and post Part D	Other [specify]	Hyperlipidemia G1: 418 G2: 647 G3: 5093 G4: 3027  Diabetes G1: 247 G2: 304 G3: 2214 G4: 1253  Hypertension : G1: 980 G2: 1234 G3: 8380 G4: 4141  (% Change, Estimated Effects/pre Value and 95% CI) G1: 28.5 (21.4,	Hyperlipidemia (Unadjusted) G1 Pre: 47.3; Post: 59.9 G2 Pre: 57.6; Post: 63.3 G3 Pre: 62.3; Post: 65.1 G4 Pre: 74.4; Post: 73.0  (Multivariate 2-year Part D Effect, estimate and 95% CI) G1: 13.4 (10.1, 16.8) G2: 7.3 (4.8, 9.8) G3: 4.4 (3.3, 5.6) G4 Ref  (% Change, Estimated Effects/pre Value and 95% CI) G1: 28.5 (21.4,	Medication Possession Ratio $\geq 0.80$ (likelihood of being adherent)	Pre and post Part D	Other [specify]	Hyperlipidemia G1: 418 G2: 647 G3: 5093 G4: 3027  Diabetes G1: 247 G2: 304 G3: 2214 G4: 1253  Hypertension : G1: 980 G2: 1234 G3: 8380 G4: 4141	Hyperlipidemia (Unadjusted) G1 Pre: 27.5; Post: 43.9 G2 Pre: 39.2; Post: 48.2 G3 Pre: 42.1; Post: 49.3 G4 Pre: 57.4; Post: 61.3  (Multivariate 2-Year Part D Effect, estimate and 95% CI) G1: 1.67 (1.35, 2.07) G2: 1.22 (1.04, 1.43) G3: 1.14 (1.06, 1.24) G4: 1.00  Diabetes (Unadjusted) G1 Pre: 39.7;	

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)		Data source	N	Results
Year	Medication Adherence outcome 1					Medication Adherence outcome 2				
Trial name (if applicable)	Medication Adherence outcome 1									
					35.8) G2: 12.6 (8.3, 17.0) G3: 7.1 (5.3, 9.1)					Post: 57.2 G2 Pre: 68.0; Post: 67.1 G3 Pre: 62.0; Post: 61.9 G4 Pre: 70.6; Post 66.6
					Diabetes (Unadjusted) G1 Pre: 57; Post: 69.6 G2 Pre: 77.3; Post: 76.2 G3 Pre: 75.4; Post: 73.3 G4 Pre: 81.8; Post: 78.2					(Multivariate 2-Year Part D Effect, estimate and 95% CI) G1: 2.36 (1.81, 3.08) G2: 1.17 (0.9, 1.51) G3: 1.21 (1.06, 1.39) G4: 1.00
					(Multivariate 2-year Part D Effect, estimate and 95% CI) G1: 17.9 (13.7, 22.1) G2: 4.5 (1.0, 7.9) G3: 3.6 (1.8, 5.3) G4 Ref					Hypertension (Unadjusted) G1 Pre: 47; Post: 66.6 G2 Pre: 73.3; Post: 76.6 G3 Pre: 74.9; Post: 77.4 G4 Pre: 78.4; Post: 78.5
					(% Change, Estimated Effects/pre Value and 95% CI) G1: 31.4 (24.0, 38.8)					(Multivariate 2-

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measures; duration between measures)	Data source	N	Results	Medication Adherence outcome 2	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Trial name (if applicable)	Medication Adherence outcome 1									
					G2: 5.8 (1.3, 10.3) G3: 4.8 (2.4, 7.1)					Year Part D Effect, estimate and 95% CI) G1: 2.09 (1.82, 2.40) G2: 1.13 (0.99, 1.29) G3: 1.14 (1.05, 1.23) G4: 1.00

**Table D8. Medication Adherence Outcomes 3-4**

First author's last name	Medication Adherence outcome 3	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 4	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year										
Trial name (if applicable)										
Bosworth et al., 2005 <sup>6</sup> V-STITCH	Adherence at 6 months among those non-adherent at baseline	Last 6 months; 2 times (including baseline); 6 months	Self-report	Total: 200 G1: NR G2: NR	G1: 46% G2: 34% 95% CI: NR P: 0.08	NA	NA	NA	NA	NA
Capoccia et al., 2004 <sup>9</sup> NA	Adherence to antidepressants - at 9 months	Defined as use of antidepressants for at least 25 of the past 30 days; measured at 3, 6, 9, 12 mos	Self-report	G1: NR G2: NR	G1: 48% G2: 67% 95% CI: NR P: Not Significant	Adherence to antidepressants - at 12 mo	Defined as use of antidepressants for at least 25 of the past 30 days; measured at 3, 6, 9, 12 mos	Self-report	G1: 37 G2: 30	G1: 59% G2: 57% 95% CI: NR P: Not Significant
Friedman et al., 1996 <sup>13</sup> NA	Change in Antihypertensive medication adherence for baseline adherent subjects (Proportion of total number of doses taken divided by the number that should have been taken by each subject)	Change scores were computed using value at 6 months minus value at baseline	Pill count	Overall N: 267 G1: NR G2: NR	G1: 0.6% G2: 3.0% 95% CI: NR P: 0.69	NA	NA	NA	NA	NA

[illegible]

First author's last name	Medication Adherence outcome 3	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 4	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year										
Trial name (if applicable)										
	guideline of antidepressant									
	(Reported in 9123)									
Murray et al., 2007 <sup>33</sup> n/a	"Scheduling Adherence": Measure of adherence to timing, lower with day-to-day deviation in the timing of medication administration; daily meds need to be taken within 2.4 hrs of dose from preceding day; 2x/day meds need to be taken within 1.2 hrs of prior dose	During Intervention period (9 mos)  Frequency: continuous daily MEMS monitoring  Duration between measures: 12 to 24 hours, depending on med frequency	MEMS	G1: 122 G2: 192	(95% CI) G1: 53.1% (49.1-57.1) G2: 47.2% (43.4-50.9) Difference: 5.9% (0.4-11.5) P: NR	"Scheduling Adherence": Measure of adherence to timing, lower with day-to-day deviation in the timing of medication administration; daily meds need to be taken within 2.4 hrs of dose from preceding day; 2x/day meds need to be taken within 1.2 hrs of prior dose	Post-intervention (3 additional months - months 10-12)  Frequency: continuous daily MEMS monitoring  Duration between measures: 12 to 24 hours, depending on med frequency	MEMS	G1: 122 G2: 192	(95% CI) G1: 48.9% (43.7-54.1) G2: 48.6% (44.7-52.6) Difference: 0.3 (-5.9 to 6.5) P: NR
Nietert et al., 2009 <sup>34</sup> NA	Filled prescription for any	NR	Pharmacy refill data	G1: 1018 G2: 1016 G3: 1014	Unadjusted G1: N (%) = 348 (34.2%)	Filled prescription for any	NR	Pharmacy refill data	G1: 1018 G2: 1016 G3: 1014	Unadjusted G1: N (%) = 460 (45.2%)

First author's last name	Medication Adherence outcome 3	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 4	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year										
Trial name (if applicable)										
	qualified medication in the same chronic disease classification as the index medication, within 60 days of index date				G2: N (%) = 342 (33.7%) G3: N (%) = 373 (36.8%) 95% CI: NR P: NR Adjusted G1: Hazard ratio (HR, 97.5% CI) = 0.86 (0.68-1.08) G2: HR, 98.3% CI = 0.83 (0.65-1.07) G3: HR, 95.0% CI = 1.03 (0.84-1.26) 95% CI: NR P: NR	medication, within 30 days of index date				G2: N (%) = 484 (47.6%) G3: N (%) = 490 (48.3%) 95% CI: NR P: NR Adjusted G1: Hazard ratio (HR, 98.3% CI) = 0.86 (0.68-1.08) G2: HR, 95.0% CI = 0.99 (0.81-1.19) G3: HR, 97.5% CI = 0.87 (0.70-1.08) 95% CI: NR P: NR
Okeke et al., 2009 <sup>35</sup> N-A	Change in adherence rates (adjusted)	Dosing aids were downloaded after the observational cohort period (capturing data for a 3 month period) and at the end of the RCT (capturing data for a 3 month period)	Other [specify]	G1: 34 G2: 28	G1: change in adherence rate (SD) 0.21 (0.05) G2: change in adherence rate (SD) -0.002 (0.04) 95% CI: N-R P: 0.0001	NA	NA	NA	NA	NA
Pyne et al., 2011 <sup>38</sup> HIV Translating	HIV medication regimen	Each measurement is percentage	Self-report	G1: 96 G2: 98	G1: 74/96 (77.1) G2: 72/98 (73.5) OR: 1.23 (0.63-	HIV medication regimen	Each measurement is percentage	Self-report	G1: 68/92 (73.9) G2: 64/86	G1: 68/92 (73.9) G2: 64/86 (74.4) OR: 0.93 (0.46-

First author's last name	Medication Adherence outcome 3	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 4	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year										
Trial name (if applicable)										
Initiatives for Depression Into Effective Solutions (HITIDES)	adherence - at 6 months	adherence over previous 4 days (i.e. total number of prescribed pills taken divided by total number of prescribed, transformed to dichotomous outcome with cutpoint at $\geq 95\%$ ). 3 measurements taken: baseline, 6-month and 12-months.			2.40) ; adjusted OR: 1.20 (0.60-2.31) Adjusted P: 0.65	adherence - at 12 months	adherence over previous 4 days (i.e. total number of prescribed pills taken divided by total number of prescribed, transformed to dichotomous outcome with cutpoint at $\geq 95\%$ ). 3 measurements taken: baseline, 6-month and 12-months.		(74.4)	1.90), adjusted OR: 1.60 (0.50-2.33) Adjusted P: 0.89
Rich et al., 1996 <sup>39</sup> NA	$\geq 80\%$ compliance by method 1	30 days +/- 2 days after discharge; 1 time; NA	Pill count	G1: 80 G2: 76	Overall: 121 pts (77.6%) G1: 68/80 (85.0%) G2: 53/76 (69.7%) 95% CI: NR P: 0.036	$\geq 80\%$ compliance by method 2	30 days +/- 2 days after discharge; 1 time; NA	Pill count	G1: 80 G2: 76	Overall: 74.7% G1: 82.5% G2: 66.2% 95% CI: NR P: 0.033
Rudd et al., 2004 <sup>42</sup> NA	Proportion of medications taken correctly among those on a $\geq 2$ times-daily dosing	1 day; daily ; 6 months	MEMS	NR	G1: 69% (34%) G2: 49% (41%) 95% CI: NR P: NR, not significant per text	NA	NA	NA	NA	NA

First author's last name	Medication Adherence outcome 3	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 4	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year										
Trial name (if applicable)										
	regimen									
Smith et al., 2008 <sup>50</sup> NR	Proportion with a gap (in months) in filling beta blocker prescription	1 month, NR, 1 in month	Refill data	1 month gap: G1: 104 G2: 110 2 month gap G1: 63 G2: 67 3 month gap G1: 43 G2: 51 4 month gap G1: 30 G2: 37	1 month gap: G1: 23% G2: 25% HR 0.85 (0.65, 1.12) adj HR 0.89 (0.67, 1.19) 2 month gap G1: 14% G2: 15% HR 0.86 (0.61, 1.22) adj HR 0.95 (0.67, 1.33) 3 month gap G1: 9% G2: 12% HR 0.77 (0.51, 1.16) adj HR 0.87 (0.60, 1.26) 4 month gap G1: 7% G2: 9% HR 0.74 (0.46, 1.20) adj HR 0.85 (0.54, 1.35)	NA	NA	NA	NA	NA
Solomon et al., 1998 <sup>51</sup> na	Self-report of compliance comparing Visit 1 and	Visit 1: baseline Visit 5: between 4 and 6 months	Self-report	G1: 62 G2: 70	G1: Visit 1: 0.63 (SD 0.111) Visit 5: 0.23 (SD	Hypertension arm	Self-report of compliance comparing Visit 1 between	At baseline	Self-report	G1: 62 G2: 70

First author's last name	Medication Adherence outcome 3	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 4	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year										
Trial name (if applicable)										
Gourley et al., 1998 <sup>52</sup> NA	Visit 5 in HTN group				0.054) CI: NR p <0.05 G2: Visit 1: 0.60 (0.87) Visit 5: 0.61 (0.94) 95% CI NR p NR		Intervention and Control group			
Stacy et al., 2009 <sup>53</sup> NA	Medication possession ratio =>80%	6 months from baseline; 1 time; N/A	Pharmacy refill data	G1: 253 G2: 244	G1: 47.0% G2: 38.9% Unadjusted OR (90% CI): 1.39 (1.03-1.88) Adjusted OR (90%CI): 1.43 (1.05-1.96) P: <0.10	Continuous persistence +Medication possession ratio =>80%	6 months from baseline; 1 time; N/A	Pharmacy refill data	G1: 253 G2: 244	G1: 45.1% G2: 37.3% Unadjusted OR (90% CI): 1.38 (1.03-1.86) Adjusted OR (90%CI): 1.41 (1.03-1.92) P: <0.10
Vivian et al., 2002 <sup>55</sup> NA	Compliance survey at 6 months: How often do you stop taking your medication when you think it is making you feel worse? (>=once/wk)	Varied b/t groups; compliance measured in G1 at monthly visits, only measured at baseline and study end for G2	Self-report	G1: 26 G2: 27	G1: 40% G2: 20% 95% CI: NR P: 0.217	Compliance survey at 6 months: When your medication does not seem to be working, how often do you take more than your health care provider	Varied b/t groups; compliance measured in G1 at monthly visits, only measured at baseline and study end for G2	Self-report	G1: 26 G2: 27	G1: 8% G2: 8% 95% CI: NR P: 1.00

First author's last name	Medication Adherence outcome 3	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 4	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year										
Trial name (if applicable)										
						prescribed? (>=once/wk)				
Wilson et al., 2010 <sup>61</sup>	Medication acquisition at Year 2 - all meds; Fill/refill adherence was measured using a continuous medication acquisition (CMA) index for each year, calculated as the total days' supply acquired in a given year divided by 365 days	Measured at Year-2 follow-up as aggregate for entire year	Pharmacy refill data	G1: 204 G2: 204 G3: 204	Group differences G1-G3: 0.03 95%CI: -0.05-0.11  G1-G2: 0.04 95%CI: -0.04-0.12  G2-G3: -0.01 95%CI: -0.09-0.07  no significant differences across groups for all meds. No significant differences across groups for ICS alone, either.	Controller regimen anti-inflammatory potency - mean equivalents of acquisition of beclomethasone canister equivalents - year 1	Measured as aggregate for entire year	Pharmacy refill data	G1: 204 G2: 202 G3: 204	G1: 10.9 G3: 5.2; Group difference: 5.8 95%CI: 4.5-7.0 P< 0.0001  G1: 10.9 G2: 9.1; Group difference: 1.8 95%CI: 0.57-3.1 P: 0.005  G2: 9.1 G3: 5.2 Group difference: 3.9 95%CI: 2.6-5.2 P: <0.0001
Zhang et al., 2010 <sup>63</sup> N/A	Treatment intensity (average count of pills per day of treatment)	Pre and post part D	Other [specify]	Hyperlipidemia G1: 418 G2: 647 G3: 5093 G4: 3027 Diabetes G1: 247	Diabetes (Unadjuvanted) G1 Pre: 0.98; Post: 1.16 G2 Pre: 1.12; Post: 1.26 G3 Pre: 1.11 Post: 1.18	NA	NA	NA	NA	NA

First author's last name	Medication Adherence outcome 3	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 4	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year										
Trial name (if applicable)										
				G2: 304 G3: 2214 G4: 1253  Hypertension: G1: 980 G2: 1234 G3: 8380 G4: 4141	G4 Pre: 1.29; Post: 1.34 (Multivariate 2-Year Part D Effect, estimate and 95% CI) G1: 0.184 (0.1, 0.27) G2: 0.095 (0.03, 0.16) G3: 0.02 (-0.01, 0.05) G4: (% change, estimated effects/pre value and 95% CI) G1: 18.8 (10.4, 27.2) G2: 8.5 (2.50, 14.4) G3: 1.8 (-1.2, 8) G4: Hypertension(Unadjusted) G1 Pre: 1.26; Post: 1.56 G2 Pre: 1.48; Post: 1.63 G3 Pre: 1.52 Post: 1.64 G4 Pre: 1.65;					

First author's last name	Medication Adherence outcome 3	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 4	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year										
Trial name (if applicable)										
					Post: 1.75 (Multivariate 2-Year Part D Effect, estimate and 95% CI) G1: 0.221 (0.16, 0.28) G2: 0.054 (0.02, 0.09) G3: 0.028 (0.01, 0.05) G4: (% change, estimated effects/pre value and 95% CI) G1: 17.6 (13.0, 22.1) G2: 3.7 (1.1, 6.2) G3: 1.8 (0.4, 3.3) G4:					

Table D9. Medication Adherence Outcomes 5-6

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)				Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)				Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)	
Year	Medication Adherence outcome 5		Data source	N	Results	Medication Adherence outcome 6	Data source	N	Results		
Trial name (if applicable)											
Hoffman et al., 2003 <sup>17</sup> NA	Percent adherence using HEDIS guidelines, at 6 months	Measured once at 6 months; adherence defined as a total of 51 gap days since beginning treatment (days 1-180)	Pharmacy refill data	G1: 4889 G2: 4665	G1: 31.5 G2: 29.4 95% CI: NR P: < 0.05	Persistence (defined as the time span a patient continued taking the antidepressant prescription during the study. If the date of the last prescription filled plus the days' supply was ≤10 days from the end of the study, the patient was considered to be persistent)	Measured for previous 30 days, at 2, 3, 4, 5, and 6 months	Pharmacy refill data	G1: 4889 G2: 4665	Percent persistence: At 2 months: G1: 45.9 G2: 44.3 At 3 months: G1: 36.8 G2: 35.3 At 4 months: G1: 30.2 G2: 28.9 At 5 months: G1: 28.8 G2: 27.3 At 6 months: G1: 24.9 G2: 23.4 95% Cis & P: NR  From 1-90 days: Mean percent (SD): G1: 36.8 (24.3) G2: 35.3 (12.4) Chi-square: 0.127 95%CI: NR	Persistence (defined as the time span a patient continued taking the antidepressant prescription during the study. If the date of the last prescription filled plus the days' supply was ≤10 days from the end of the study, the patient was considered to be persistent)

First author's last name	Year	Medication Adherence outcome 5	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)			Medication Adherence outcome 6	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)			Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
			Data source	N	Results		Data source	N	Results	
									P: NR	
									From 1-180 days: Mean percent (SD): G1: 24.9 (51.9) G2: 23.3 (51.9) Chi-square: 0.067 95%CI: NR P: NR	
Katon et al., 1996 <sup>24</sup> NA		A dosage of antidepressant medication for at least 90 days at or above lowest dosage recommended by AHCPR guidelines	Pharmacy refill data	G1: 76 G2: not specified <<The article states that all intervention patients were included in outcome analyses based on ITT principles, but it does not say if	Major Depression Group, for at least 30 days (% adherent) G1: 62.1% G2: 54.6% P=.55 Minor Depression Group, for at least 30 days (% adherent) G1: 69.6% G2: 39.5%	NR	NA	NA	NA	"Other" data source (Medication adherence outcome 1) is self-reported adherence, the reliability of this was verified with automated data from pharmacy refills, at 1 and 4 months the K statistic was 0.83 and 0.90 respectively.



First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 5	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)			Data source	N	Results	Medication Adherence outcome 6	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)			Data source	N	Results	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
		Translating Initiatives for Depression Into Effective Solutions (HITIDES)	rates (of providers) at 6 months	method. 3 measurements taken: baseline, 6-month and 12-months.				G2: 78/115 (67.8)	(67.8) OR: 0.89 (0.49-1.78); adjusted OR: 0.89 (0.46-1.74)	rates (of providers) at 12 months	method. 3 measurement s taken: baseline, 6-month and 12-months.				G2: 69/110 (62.7)	(62.7), OR: 0.93 (0.49-1.78); adjusted OR: 0.93 (0.49-1.78) Adjusted P: 0.93	
		Rich et al., 1996 <sup>39</sup> NA	Number of patients with ≥90% medication compliance (unclear which method used to calculate)	30 days +/- 2 days after discharge; 1 time; NA	Pill count			G1: 80 G2: 76	G1: 45 G2: 26 95% CI: NR P: 0.032	NA	NA		NA	NA	NA	NA	NA
		Schneider et al., 2008 <sup>46</sup> NA	NA	NA	NA			NA	NA	NA	NA		NA	NA	NA	NA	In Table 2, medication outcome 1 appears to be misrepresented as "percentage of patients who had prescriptions refilled on time." Based on 2 mentions in the text, I believe this is

First author's last name		Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)				Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)				Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)	
Year	Medication Adherence outcome 5		Data source	N	Results	Medication Adherence outcome 6		Data source	N	Results	
											a misrepresentation of this variable and it is actually the mean percentage of times patients had their prescriptions refilled on time.
Stacy et al., 2009 <sup>53</sup> NA	6 month point prevalence persistency (For those prescribed a lipid-lowering agent in the 7-12 month period prior to the index statin): subject being in possession of a statin at the end of the 180-day observation period	6 months after baseline; 1 time; N/A	Pharmacy refill data	Overall N: 54 SG1: NR SG2: NR	SG1: 66.7% SG2: 37.0% 95% CI: NR P: <0.05	Continuous persistence + MPR=>80% (For those prescribed a lipid-lowering agent in the 7-12 month period prior to the index statin)	6 month point prevalence persistency: subject being in possession of a statin at the end of the 180-day observation period	6 months after baseline; 1 time; N/A	Pharmacy refill data	Overall N:NR SG1: NR SG2: NR	
Vivian et al., 2002 <sup>55</sup> NA	Compliance survey at 6 months: If	varied b/t groups; compliance	Self-report	G1: 26 G2: 27	G1: 15% G2: 10% 95% CI: NR	% that received refills for	NR	Pharmacy refill data	G1: 26 G2: 27	G1: 85% G2: 93% 95% CI: NR	NA

First author's last name	Year	Trial name (if applicable)	Medication Adherence outcome 5	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Medication Adherence outcome 6	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results	Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)
			answered yes to being away from home overnight in last 3 months, did you forget to take your medication when you were away from home overnight?, % who answered sometimes (2-3 times/wk) and always (>3 times/wk)	measured in G1 at monthly visits, only measured at baseline and study end for G2			P: 1.00	antihypertensive agents within 2 weeks of the next scheduled refill date				P: >0.42	
Wilson et al., 2010 <sup>61</sup>		Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and	Controller regimen anti-inflammatory potency - acquisition of beclomethasone canister equivalents - year 2	measured as aggregate for entire year	Pharmacy refill data	G1: 204 G2: 202 G3: 204	G1: 7.1 G3: 4.6 Group difference: 2.5 95%CI: 1.2-3.8 P= 0.0002  G1: 7.1 G2: 5.8; Group	Medication acquisition at Year 1 and Year 2 -for long-acting beta agonists (LABA) Fill/refill adherence was measured using a	Measured as aggregate for year; at Year-1 follow-up and Year 2 follow-up	Pharmacy refill data	N for Year 1: G1: 40 G2: 44 G3: 52  N for Year 2: G1:112 G2: 108 G3:59	Group differences YEAR 1: G1-G3: 0.11 95%CI: 0.02-0.20  G1-G2: 0.09 95%CI: 0.02-0.17  G2-G3: 0.01	NA

		Description of Timing of Measurement of Adherence Outcome				Description of Timing of Measurement of Adherence Outcome				Add comments or specify "other" entries here (clarify which column the "other" entry belongs to)	
First author's last name	Year	Medication Adherence outcome 5	Data source	N	Results	Medication Adherence outcome 6	Data source	N	Results		
					difference: 1.4 95%CI: 0.04-2.7 P: 0.04  G2: 5.8 G3: 4.6 Group difference: 1 .1 95%CI: -0.18-2.4 P: >.05	continuous medication acquisition (CMA) index for each year, calculated as the total days' supply acquired in a given year divided by 365 days			95%CI: -0.08-0.11  YEAR 2: G1-G3: 0.11 95%CI: 0.01-0.20  G1:G2: 0.09 95%CI: 0.01-0.18  G2-G3: 0.01 95%CI: -0.08-0.11		

Table D10. Medication Adherence Subgroup Outcomes, Part 1

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Bogner et al., 2008 <sup>4</sup>	NA		Hypertension comorbidity	Hypertension comorbidity	Depression adherence: % of prescribed doses taken; calculated as number of doses taken divided by the number of doses prescribed during the observation period multiplied by 100% - dichotomized with 80% threshold	Measured over 6 week study period for entire study period	MEMS	G1: 32 G2: 32	G1: 23 (71.9) G2: 10 (31.3) 95% CI: P: .001
Bogner et al., 2010 <sup>5</sup>	NA		Older African American primary care patients	Older African American primary care patients	>80% adherence to an oral hypoglycemic agent	4 times, biweekly beginning at baseline and ending at week 6	MEMS	G1: 29 G2: 29	Baseline G1: 10 (34.5%) G2: 6 (20.7%) 95% CI: NR P: 0.19 Endpoint at 6 weeks G1: 18 (62.1%) G2: 7 (24.1%) 95% CI: NR P: 0.004
Fulmer et al., 1999 <sup>14</sup>	NA		Elderly	Elderly	Percent of prescribed medication doses taken	Adherence was monitored during a 2-week pre-intervention phase, 6-week intervention phase (time 2), and 2-week post-intervention phase	MEMS	G1: 17 G2: 15 G3: 18	Average compliance rates at baseline G1: 82% G2: 76% G3: 81%  Average compliance rates at time 3 G1: 84%

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures) (time 3)	Data source	N	Results
									G2: 74% G3: 57% (significantly decreased from baseline at $p<0.04$ ) 95% CI: P: There was a statistically significant time effect during the course of the study from baseline to post-intervention ( $F=4.08$ , $p<0.05$ ). Over time, G1 and G2 showed enhanced compliance relative to G3. However, there was no significant difference between G1 and G2.
Katon et al., 1995 <sup>23</sup> NA		Major depression	Major depression		% receiving adequate dosage of antidepressants for $\geq 30$ days (details NR)	during continuation phase of treatment (3-7 months)	Pharmacy refill data	Major depression group N=91 Minor depression group N=126	Major depression group G1: 87.8 G2: 57.1 95% CI: NR P: $<0.001$ Minor depression group G1: 88.1 G2: 47.8 95% CI: NR P: $<0.001$
Katon et al., 1996 <sup>24</sup> NA		Major depression	Major depression		Medication adherence - telephone interview asking if they were still taking	measured at 1-month follow up	Other [specify]	G1: 76 G2: not specified<<The article states that all	Major Depression Group at 1-month follow up (% adherent) G1: 85% G2: 63%

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
					antidepressants and considered adherent if they reported taking medication at least 25 out of last 30 days			<i>intervention patients were included in outcome analyses based on ITT principles, but it does not say if the same is true for the control group.&gt;&gt;</i>	P=0.06 Minor Depression Group at 1-month follow up (% adherent) G1: 81% G2: 67% P=.13
Katon et al., 1999 <sup>25</sup> NA			Severity of Depression	Severe depression (Defined as SCL-20 score >2.0 at baseline)	Adherence to adequate dosage of antidepressants for at least 90 days out of previous six months	Timeframe: six months; measured 5 times in 6 month-intervals until 30 months after randomization (at 6, 12, 18, 24, 30 months)	Pharmacy refill data	Overall N: 79 G1: NR G2: NR	At 6 months: G1: 24 (72%) G2: 14 (40%) Chi-square (1) = 8.23 P: < 0.01  At 12 months: G1: 23 (70%) G2: 13 (37%) Chi-square (1) = 5.98 P: < 0.05  For 18-, 24- and 30-months: "the percentages were very similar for the treatment groups"

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Lee et al., 2006 <sup>30</sup>	FAME		Elderly (≥65 years old)	Elderly (≥65 years old)	% medication adherence at 14 months (proportion of pills taken), mean (SD)	Total timeframe of 6 month average (months 8-14); G1 - 3 pill counts every 2 months; G2 - 1 pill count at the end of 6 months	Pill count	G1: 83 G2: 76	G1: 95.5 (7.7) G2: 69.1 (16.4) 95% CI: NR P<0.001
Lin et al., 2006 <sup>31</sup>	NA		Depression comorbidity	Depression comorbidity	Percentage of days nonadherent	Measured 2 times over a 12-month period	Pharmacy refill data	<u>Oral hypoglycemic agent</u> Baseline G1: 103 G2: 103 Endpoint G1: 103 G2: 103 <u>ACE inhibitor</u> Baseline G1: 54 G2: 65 Endpoint G1: 59 G2: 52 <u>Lipid-lowering agent</u> Baseline G1: 50 G2: 52 Endpoint G1: 54 G2: 63	<u>Oral hypoglycemic agent</u> Baseline (%) (Mean (SD)) G1: 19.8% (21.3%) G2: 22.9% (24.0%) 95% CI: NR P: NS Endpoint (%) (Mean (SD)) G1: 28.2% (28.9%) G2: 24.0% (24.7%) 95% CI: NR P: <0.03 <u>ACE inhibitor</u> Baseline (%) (Mean (SD)) G1: 27.4% (27.1%) G2: 29.7% (29.3%) 95% CI: NR P: NS Endpoint (%) (Mean (SD)) G1: 24.2% (22.7%) G2: 18.9% (17.4%) 95% CI: NR

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
									P: NS <u>Lipid-lowering agent</u> Baseline (%) (Mean (SD)) G1: 29.3% (26.7%) G2: 24.5% (23.0%) 95% CI: NR P: NS Endpoint (%) (Mean (SD)) G1: 28.8% (27.1%) G2: 27.7% (24.0%) 95% CI: NR P: NS
Pyne et al., 2011 <sup>38</sup>		HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	Entire study is conducted in subgroup with HIV comorbidity	HIV comorbidity	Antidepressant regimen adherence - at 6 months;	each measurement is percentage adherence over previous 4 days (i.e. total number of prescribed pills taken divided by total number of prescribed; transformed to dichotomous outcome with cutpoint at $\geq 80\%$ ). 3 measurements taken: baseline, 6-month and 12-months.	Self-report	G1: 66 G2: 72	G1: 78.8% G2: 69.4% OR (95%CI): 1.60 (0.74-3.45) Adjusted OR (95%CI): 1.65 (0.75-3.62) Adjusted P: 0.22

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Rich et al., 1996 <sup>39</sup> NA			Elderly (≥70 years old)	Elderly (≥70 years old)	Overall compliance rates by method 1: percentage of pills taken correctly for each current medication determined by pill count at home visit by pharmacist or trained pharmacy assistant, then averaged	30 days +/- 2 days after discharge; 1 time; NA	Pill count	G1: 80 G2: 76	Overall: 84.6% +/- 15.1% G1: 87.9 +/- 12.0% G2: 81.1 +/- 17.2% 95% CI: NR P: 0.003
Schneider et al., 2008 <sup>46</sup> NA			Elderly (≥65 years old)	Elderly (≥65 years old)	Percentage of patients who had prescriptions refilled on time (±5 days of due date)	Calculated for all previous months at 6 month and 12 month follow-ups	Pharmacy refill data	SG1: 47 SG2: 38	Mean (SD) SG1: 80.4 (21.2) SG2: 66.1 (28.0) 95% CI: N-R P: 0.12
Zhang et al., 2010 <sup>63</sup> N/A			Elderly (≥65 years)	Elderly (≥65 years)	Medication Possession Ratio	Pre and post Part D	Other [specify]	Hyperlipidemia G1: 418 G2: 647 G3: 5093 G4: 3027  Diabetes G1: 247 G2: 304 G3: 2214 G4: 1253  Hypertension: G1: 980 G2: 1234 G3: 8380	Hyperlipidemia (Unadjusted) G1 Pre: 47.3; Post: 59.9 G2 Pre: 57.6; Post: 63.3 G3 Pre: 62.3; Post: 65.1 G4 Pre: 74.4; Post: 73.0  (Multivariate 2-year Part D Effect, estimate and 95% CI) G1: 13.4 (10.1, 16.8) G2: 7.3 (4.8, 9.8) G3: 4.4 (3.3, 5.6) G4 Ref  (% Change, Estimated Effects/pre Value and

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
								G4: 4141	95% CI) G1: 28.5 (21.4, 35.8) G2: 12.6 (8.3, 17.0) G3: 7.1 (5.3, 9.1)
									Diabetes (Unadjusted) G1 Pre: 57; Post: 69.6 G2 Pre: 77.3; Post: 76.2 G3 Pre: 75.4; Post: 73.3 G4 Pre: 81.8; Post: 78.2
									(Multivariate 2-year Part D Effect, estimate and 95% CI) G1: 17.9 (13.7, 22.1) G2: 4.5 (1.0, 7.9) G3: 3.6 (1.8, 5.3) G4 Ref
									(% Change, Estimated Effects/pre Value and 95% CI) G1: 31.4 (24.0, 38.8) G2: 5.8 (1.3, 10.3) G3: 4.8 (2.4, 7.1)

Table D11. Medication Adherence Subgroup Outcomes, Part 2

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Bogner et al., 2008 <sup>4</sup>	NA		Hypertension comorbidity	Hypertension comorbidity	Depression adherence: % of prescribed doses taken; calculated as number of doses taken divided by the number of doses prescribed during the observation period multiplied by 100% - dichotomized with 80% threshold	Measured over 6 week study period for entire study period	MEMS	G1: 32 G2: 32	G1: 23 (71.9) G2: 10 (31.3) 95% CI: P: .001
Bogner et al., 2010 <sup>5</sup>	NA		Older African American primary care patients	Older African American primary care patients	>80% adherence to an oral hypoglycemic agent	4 times, biweekly beginning at baseline and ending at week 6	MEMS	G1: 29 G2: 29	Baseline G1: 10 (34.5%) G2: 6 (20.7%) 95% CI: NR P: 0.19 Endpoint at 6 weeks G1: 18 (62.1%) G2: 7 (24.1%) 95% CI: NR P: 0.004
Fulmer et al., 1999 <sup>14</sup>	NA		Elderly	Elderly	Percent of prescribed medication doses taken	Adherence was monitored during a 2-week pre-intervention phase, 6-week intervention phase (time 2), and 2-week post-intervention phase	MEMS	G1: 17 G2: 15 G3: 18	Average compliance rates at baseline G1: 82% G2: 76% G3: 81%  Average compliance rates at time 3 G1: 84%

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures) (time 3)	Data source	N	Results
									G2: 74% G3: 57% (significantly decreased from baseline at $p<0.04$ ) 95% CI: P: There was a statistically significant time effect during the course of the study from baseline to post-intervention ( $F=4.08$ , $p<0.05$ ). Over time, G1 and G2 showed enhanced compliance relative to G3. However, there was no significant difference between G1 and G2.
Katon et al., 1995 <sup>23</sup> NA			Major depression	Major depression	% receiving adequate dosage of antidepressants for $\geq 30$ days (details NR)	during continuation phase of treatment (3-7 months)	Pharmacy refill data	Major depression group N=91 Minor depression group N=126	Major depression group G1: 87.8 G2: 57.1 95% CI: NR P: $<0.001$ Minor depression group G1: 88.1 G2: 47.8 95% CI: NR P: $<0.001$

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Katon et al., 1996 <sup>24</sup> NA			Major depression	Major depression	Medication adherence - telephone interview asking if they were still taking antidepressants and considered adherent if they reported taking medication at least 25 out of last 30 days	measured at 1-month follow up	Other [specify]	G1: 76 G2: not specified<< <i>The article states that all intervention patients were included in outcome analyses based on ITT principles, but it does not say if the same is true for the control group.&gt;&gt;</i>	Major Depression Group at 1-month follow up (% adherent) G1: 85% G2: 63% P=0.06 Minor Depression Group at 1-month follow up (% adherent) G1: 81% G2: 67% P=.13
Katon et al., 1999 <sup>25</sup> NA			Severity of Depression	Severe depression (Defined as SCL-20 score >2.0 at baseline)	Adherence to adequate dosage of antidepressants for at least 90 days out of previous six months	Timeframe: six months; measured 5 times in 6 month-intervals until 30 months after randomization (at 6, 12, 18, 24, 30 months)	Pharmacy refill data	Overall N: 79 G1: NR G2: NR	At 6 months: G1: 24 (72%) G2: 14 (40%) Chi-square (1) = 8.23 P: < 0.01
Katon et al., 2002 <sup>26</sup> NA			(reported in 3169 Katon)						At 12 months: G1: 23 (70%) G2: 13 (37%) Chi-square (1) = 5.98 P: < 0.05

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
									For 18-, 24- and 30-months: "the percentages were very similar for the treatment groups"
Lee et al., 2006 <sup>30</sup>	FAME		Elderly (≥65 years old)	Elderly (≥65 years old)	% medication adherence at 14 months (proportion of pills taken), mean (SD)	Total timeframe of 6 month average (months 8-14); G1 - 3 pill counts every 2 months; G2 - 1 pill count at the end of 6 months	Pill count	G1: 83 G2: 76	G1: 95.5 (7.7) G2: 69.1 (16.4) 95% CI: NR P<0.001
Lin et al., 2006 <sup>31</sup>	NA		Depression comorbidity	Depression comorbidity	Percentage of days nonadherent	Measured 2 times over a 12-month period	Pharmacy refill data	<u>Oral hypoglycemic agent</u> Baseline G1: 103 G2: 103 Endpoint G1: 103 G2: 103 <u>ACE inhibitor</u> Baseline G1: 54 G2: 65 Endpoint G1: 59 G2: 52 <u>Lipid-lowering agent</u>	<u>Oral hypoglycemic agent</u> Baseline (%) (Mean (SD)) G1: 19.8% (21.3%) G2: 22.9% (24.0%) 95% CI: NR P: NS Endpoint (%) (Mean (SD)) G1: 28.2% (28.9%) G2: 24.0% (24.7%) 95% CI: NR P: <0.03 <u>ACE inhibitor</u> Baseline (%) (Mean (SD)) G1: 27.4% (27.1%) G2: 29.7% (29.3%) 95% CI: NR P: NS

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
								Baseline G1: 50 G2: 52 Endpoint G1: 54 G2: 63	Endpoint (%) (Mean (SD)) G1: 24.2% (22.7%) G2: 18.9% (17.4%) 95% CI: NR P: NS <u>Lipid-lowering agent</u> Baseline (%) (Mean (SD)) G1: 29.3% (26.7%) G2: 24.5% (23.0%) 95% CI: NR P: NS Endpoint (%) (Mean (SD)) G1: 28.8% (27.1%) G2: 27.7% (24.0%) 95% CI: NR P: NS
Pyne et al., 2011 <sup>38</sup>		HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	Entire study is conducted in subgroup with HIV comorbidity	HIV comorbidity	Antidepressant regimen adherence - at 6 months;	each measurement is percentage adherence over previous 4 days (i.e. total number of prescribed pills taken divided by total number of prescribed; transformed to dichotomous outcome with cutpoint at	Self-report	G1: 66 G2: 72	G1: 78.8% G2: 69.4% OR (95%CI): 1.60 (0.74-3.45) Adjusted OR (95%CI): 1.65 (0.75-3.62) Adjusted P: 0.22

First author's last name	Year	Trial name (if applicable)	Subgroup	Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
						>=80%). 3 measurements taken: baseline, 6-month and 12-months.			
Rich et al., 1996 <sup>39</sup> NA			Elderly (≥70 years old)	Elderly (≥70 years old)	Overall compliance rates by method 1: percentage of pills taken correctly for each current medication determined by pill count at home visit by pharmacist or trained pharmacy assistant, then averaged	30 days +/- 2 days after discharge; 1 time; NA	Pill count	G1: 80 G2: 76	Overall: 84.6% +/- 15.1% G1: 87.9 +/- 12.0% G2: 81.1 +/- 17.2% 95% CI: NR P: 0.003
Schneider et al., 2008 <sup>46</sup> NA			Elderly (≥65 years old)	Elderly (≥65 years old)	Percentage of patients who had prescriptions refilled on time (±5 days of due date)	Calculated for all previous months at 6 month and 12 month follow-ups	Pharmacy refill data	SG1: 47 SG2: 38	Mean (SD) SG1: 80.4 (21.2) SG2: 66.1 (28.0) 95% CI: N-R P: 0.12
Zhang et al., 2010 <sup>63</sup> N/A			Elderly (≥65 years)	Elderly (≥65 years)	Medication Possession Ratio	Pre and post Part D	Other [specify]	Hyperlipidemia G1: 418 G2: 647 G3: 5093 G4: 3027  Diabetes G1: 247 G2: 304 G3: 2214	Hyperlipidemia (Unadjusted) G1 Pre: 47.3; Post: 59.9 G2 Pre: 57.6; Post: 63.3 G3 Pre: 62.3; Post: 65.1 G4 Pre: 74.4; Post: 73.0

First author's last name		Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Year	Trial name (if applicable)	Subgroup				G4: 1253	(Multivariate 2-year Part D Effect, estimate and 95% CI)
						Hypertensio n:	G1: 13.4 (10.1, 16.8)
						G1: 980	G2: 7.3 (4.8, 9.8)
						G2: 1234	G3: 4.4 (3.3, 5.6)
						G3: 8380	G4: Ref
						G4: 4141	(% Change, Estimated Effects/pre Value and 95% CI) G1: 28.5 (21.4, 35.8) G2: 12.6 (8.3, 17.0) G3: 7.1 (5.3, 9.1)
							Diabetes (Unadjusted) G1 Pre: 57; Post: 69.6 G2 Pre: 77.3; Post: 76.2 G3 Pre: 75.4; Post: 73.3 G4 Pre: 81.8; Post: 78.2
							(Multivariate 2-year Part D Effect, estimate and 95% CI) G1: 17.9 (13.7, 22.1) G2: 4.5 (1.0, 7.9) G3: 3.6 (1.8, 5.3) G4 Ref

First author's last name		Specific subgroup (if analysis is presented for only 1 subgroup, entry for this cell=previous cell)	Medication Adherence Outcome 1 for subgroup	Description of Timing of Measurement of Adherence Outcome (timeframe of measure; frequency of measure; duration between measures)	Data source	N	Results
Trial name (if applicable)	Subgroup						
							(% Change, Estimated Effects/pre Value and 95% CI) G1: 31.4 (24.0, 38.8) G2: 5.8 (1.3, 10.3) G3: 4.8 (2.4, 7.1)

Table D12. Intervention Components, Part 1

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Bender et al., 2010 <sup>1</sup> NA	patient	2-3 calls, each call less than 5 minutes	automated phone service	2-3 calls over 10 weeks	automated phone service	Yes	Yes
Berg et al., 1997 <sup>2</sup> NA	patient	2 hours	nurse experienced with asthma	6 training sessions over 7 weeks	face-to-face	Yes	No
Berger et al., 2005 <sup>3</sup> NA	system and patient	N-R	Biogen call center staff	every 2 weeks or every 4 weeks (depending on stage of readiness) for 3 months	phone, and counselors were guided through the sessions by web-based software	no	no
Bogner et al., 2008 <sup>4</sup> NA	patient, system	3, 30-minute in-person sessions and 2, 15-minute telephone-monitoring contacts during a 4-week period	integrated care manager	3, 30-minute in-person sessions and 2, 15-minute telephone-monitoring contacts during a 4-week period	face to face and telephone	Yes	No
Bogner et al., 2010 <sup>5</sup> NA	Patient	2 hours of total contact time during the study = three 30-minute sessions and two 15-minute contacts	Other = Integrated care manager	5 sessions over a 4-week period	Face-to-face, over-the-phone	Yes	Yes

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Bosworth et al., 2005 <sup>6</sup> V-STITCH	patient	2 years, 6 month outcomes reported in this paper	nurse	bimonthly for 2 years	telephone	Yes	Yes
Bosworth et al., 2008 <sup>7</sup> TCYB	patient	2 years, this paper reports 6 month outcomes	nurse	bimonthly for 2 years	telephone	Yes	Yes
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper							
Capoccia et al., 2004 <sup>9</sup> NA	patient	median 15 min per intervention, range 5-50 min	clinical pharmacist or pharmacy resident	F-U was weekly phone calls for the first 4 weeks followed by phone contact every 2 weeks through week 12. During months 4–12, subjects received a phone call every other month	phone	Yes	Yes
Carter et al., 2009 <sup>10</sup> NA	Patients, pharmacists, physicians	Teambuilding exercises involving physicians and	Clinical pharmacists	Varied. Average of 1.6 (1.4)	Face-to-face, telephone	Yes	No

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Year		pharmacist.  Pharmacists were encouraged to assess meds and BP at baseline, one month plus over the telephone at 3 months and more frequently if needed.		additional visits/contacts per patient over the 6-month study period			
Trial name (if applicable)							
Chernew et al., 2008 <sup>11</sup> NA	Patient	NA	NA	NA	NA	No	No
Choudhry et al., 2010 <sup>12</sup> NA	Combination: patients & policy	Indefinite (policy change)	Large Fortune 500 company	NA	NA	No	No
Friedman et al., 1996 <sup>13</sup> NA	patient	Weekly calls, average length 4 minutes	other: automated telephone/computer system	Mean number of actual calls is not reported. Patients were instructed to call in weekly for a 6-month period (24 calls in 6 months)	Telephone	Yes	Yes
Fulmer et al., 1999 <sup>14</sup> NA	patient	3-5 minute phone calls	research assistant	daily calls for 6 weeks	videophone (G1), phone (G2)	No	No

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Grant et al., 2003 <sup>15</sup> NA	combination [patient, provider]	mean of 18.5 +/- 8.8 (sd) minutes	pharmacist	1	over-the-phone	Yes	No
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program	patient	6 months	NA	5 over 6 months	telephone, mail	Yes	Yes
Hoffman et al., 2003 <sup>17</sup> NA	Patient & Provider	Monthly mailings to each	NA	6 mailings, once a month, over 6 months	Education letter for patients and providers	Yes	No
Hunt et al., 2008 <sup>18</sup> NA	Patient	One appointment, length not specified, additional appointments if needed	pharmacist	The intervention group received a mean of 4 (2.3) pharmacy visits per patient, but it is not clear if these are all study related visits.	Face to face	Yes	Yes
Janson et al., 2003 <sup>19</sup> NA	patient	30 minutes each	advanced practice nurse	5 visits over 7 weeks	face-to-face	yes	yes

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Janson et al., 2009 <sup>20</sup> NA	patient	4-week run-in with biweekly visits; 3 identical 30-minute visits after randomization	trained advanced practice nurse and respiratory therapist, both certified asthma educator	4-week run-in with biweekly visits; 3 identical 30-minute visits after randomization; 4-week intervention period of biweekly visits was followed by 14 weeks of observation, with visits held at 4-week intervals (3 visits)	face-to-face	Yes	Yes
Johnson et al., 2006 <sup>22</sup> NR	patient	6 months	computer-generated intervention mailed to participants	3 times over 6 months (0, 3 and 6 months)	computer; mail	Yes	Yes
Johnson et al., 2006 <sup>21</sup> NR	patient	6 months	computer-generated	3 times over 6 months	computer; mail	Yes	Yes
Katon et al., 2001 <sup>27</sup> NA	Patient, provider, system	2 in-person visits (90 min. and 60 min); 3 telephone calls; 4	psychologist, psychiatric nurse, & social worker trained	2 in-person visits; 3 telephone	face-to-face, written material, DVD, over-the-	Yes	Yes

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Ludman et al., 2003 <sup>28</sup> NA		mailings. Intensity of calls not specified	as "depression prevention specialists"	calls at 2, 5, 9 months; 4 personalized mailings at 3, 6, 10, and 12 months	phone		
Van Korff et al., 2003 <sup>29</sup> NA							
Katon et al., 1995 <sup>23</sup> NA	patient, provider, system	brief print materials and 20-minute video prior to PCP visit, 15 extra minutes during PCP visit, 2 visits with psychiatrist (50 and 20 minutes)	PCP, psychiatrist	2 PCP visits and 2 psychiatrist visits over 4-6 weeks with appointments spaced 7-10 days apart	face-to-face, written material, video	yes	No
Katon et al., 1996 <sup>24</sup> NA	combination: patient, provider, system	A 1 hour initial planning visit and 3 to 5 half hour contacts (total time ranged from 2.5 to 3.5 hours). Patients attended a mean (SD) of 5.2 (1.7) visits and received a mean of (SD) of 3.4 (1.3) telephone calls	psychologist	direct contact phase began 1 week after initiation and ended 3 to 6 weeks after; telephone contacts occurred at 2, 4, 12, and 24 weeks after the end of direct contact phase	face to face, telephone, written material, videos	Yes	Uncertain

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Katon et al., 1999 <sup>25</sup> NA	combination: patient, provider, system	at least 2 visits with psychiatrist: 50-minutes (initial) and 25 minutes (follow-up)	psychiatrist	at least 2 in-person visits; (mean 2.75; range 0-7) and follow-up telephone calls (mean 1.56; SD 1.61) calls	face-to-face, written material, DVD, over-the-phone	Yes	Uncertain
Katon et al., 2002 <sup>26</sup> NA							
Lee et al., 2006 <sup>30</sup> FAME	patient	12 months (includes phase 1)	pharmacists	Every 2 months for 12 months (includes phase 1)	face-to-face	Yes	No
Lin et al., 2006 <sup>31</sup> NA	Patients	4 hours for weeks 0-12; Contact time between weeks 12-52 = monthly	Nurses	Weeks 0-12 = 7 sessions total (1 initial hour-long visit + 2 sessions per month for the first 3 months); Weeks 13-52 = 9 monthly visits	Face-to-face, telephone	No	No
Mann et al., 2010 <sup>32</sup> The Statin Choice	patient	6 minutes one time	physician	1	face to face with written materials	Yes	Yes

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Murray et al., 2007 <sup>33</sup> n/a	Patient	9 months	Pharmacist	Sessions not quantified, 9 month duration intervention	Face-to-face, written material	Yes	No
Nietert et al., 2009 <sup>34</sup> NA	Patients	NR	Pharmacists	NR	Telephone, fax	Yes	Uncertain
Okeke et al., 2009 <sup>35</sup> NA	Patient	Video: 1 video, 10 minutes in length; 1 discussion, length N-R; phone calls at weeks 1-5, 7, and 9, length N-R; alarms on dosing aid for 3 months	video, dosing aid, study coordinator (level of training N-R)	3 months	video, face-to-face discussion, phone calls, dosing aid device	Yes	No
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Patient	30 minutes with patient and their support person once during the study	Registered nurse patient educator; Other = Support person chosen by the patient according to study criteria	1 session over a 12-month period	Face-to-face	No	No
Powell et al., 1995 <sup>37</sup> NA	Patients	One 30-minute videotape per drug per subject	NA	NR	Mail	Yes	No
Pyne et al., 2011 <sup>38</sup> HIV Translating Initiatives for Depression Into Effective Solutions	patient and provider	intensity of interaction with providers not documented; for patients, depression	Team of nurse depression care manager, clinical pharmacist, and psychiatrist	NR	For patients: telephone; For providers: electronic medical records	Yes	Yes

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
(HITIDES)		case managers conducted telephone-based monitoring every 2 weeks during acute treatment (before achieving a sustained 50% decrease in PHQ-9 score) and every 4 weeks during watchful waiting or continuation treatment (for 2 months after maintaining remission [PHQ-9 score, 5] or 6 months after maintaining a 50% decrease in the PHQ-9 score)					
Rich et al., 1996 <sup>39</sup> NA	patient	1 month	multidisciplinary: RN, social worker, dietician, MD, and pharmacists	As long as pts were in the hospital - varied and visits not quantified	Face-to-face, written material	Yes	Yes
Rickles et al., 2005 <sup>40</sup> NA	patient	3 phone calls, each lasted on average 11-19 minutes	pharmacist	3 mo.	phone	Yes	Yes

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Ross et al., 2004 <sup>41</sup> NR	combination [patient, system]	12 months	NA	NA	computer	Yes	No
Rudd et al., 2004 <sup>42</sup> NA	combination [patient, system of care]	6 months	nurse	5 times over 6 months (baseline, 1 wk, 1 mo, 2 mos, 4 mos)	telephone	Yes	Yes
Rudd et al., 2009 <sup>43</sup> NA	Patient	The two health educator sessions could last up to an hour each (average 20 minutes)	Health educator, print materials	Two sessions over an unspecified time period (coincided with rheumatology appointments ) and optional additional phone and in-person contact for 6 months	Face-to-face, written material, optional over-the-phone	Yes	No
Schaffer et al., 2004 <sup>44</sup> NA	patient	30-60 min	audio or book	1	audio or book	Yes	Yes
Schectman et al., 1994 <sup>45</sup> NA	patient	28 days	Certified medical assistant	5 calls over 28 days	telephone	No	Yes
Schneider et al., 2008 <sup>46</sup> NA	Patient	NA	NA	NA	packaging	No	No

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Schnipper et al., 2006 <sup>47</sup> NA	combination: system and patient	N-R	pharmacist	1 in-person session, 1 follow-up phone call	face-to-face, phone	yes	no
Simon et al., 2006 <sup>48</sup> NA	patient and provider	contacted initially within two weeks of randomization; 2 additional telephone contacts occurred four and 12 weeks later; phone calls lasted approx. 20 min.	registered nurses with a minimum of five years' experience in inpatient or outpatient mental health practice	3 sessions - baseline, end of month 1, end of month 3	phone; treating psychiatrist received a structured report of each contact with recommendations	Yes	Yes
Sledge et al., 2006 <sup>49 #2608</sup> NA	combination: provider and patient	2-3 hour session, 1 year of ambulatory care including minimum of monthly phone calls and phone/pager availability 5d/wk	social worker, psychiatrist, general internist, case manager	at least 1 in-person session and 12 phone calls	face-to-face, phone, home visits prn, written report and discussion between case manager and PCP	Uncertain	Uncertain
Smith et al., 2008 <sup>50</sup> NR	provider, patient	2 months	health plan physician administrator	2 mailings over 2 months	written material, mail	Yes	Yes

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Solomon et al., 1998 <sup>51</sup> n/a	Patient	6 months	Pharmacist	5 sessions over 6 months, plus education and help as needed	face-to-face, additional telephone support	Yes	No
Gourley et al., 1998 <sup>52</sup> NA							
Stacy et al., 2009 <sup>53</sup> NA	patient	6 months	NA	3 calls over 6 months	phone, mail, written material	Yes	Yes
Taylor et al., 2003 <sup>54</sup> NA	patient, provider	20 minutes	pharmacist	before each regular clinic visit during 12-month period	face-to-face, written material, recommendations to provider	yes	No
Vivian et al., 2002 <sup>55</sup> NA	patient, system	6 months	pharmacist	monthly over 6 months	face-to-face	Yes	Yes
Waelen et al., 2009 <sup>56</sup> NA	Patient	Care from physician assistant: N-R; phone open-ended discussion: N-R; follow-up phone calls: 5 minutes monthly until regimen started and no problems reported	PA under supervision of a preventive medicine physician (EMB)	After initial visit, monthly phone calls until prescription was filled and no problems reported	Face-to-face care, written material, phone conversations	Yes	No
Weinberger et al., 2002 <sup>57</sup> NA	provider (pharmacist)	NR	NR; the initial pharmacist training conducted by 'investigators	NA	primarily computer-based, but also included face-to	Yes	No

First author's last name	Target of the intervention (system, policy, provider, patient, combination [specify], NA)	Intensity (contact time, that is, length of interaction with intended target of the intervention, NA)	Agent delivering the intervention (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	Duration (number of sessions over a given time period, NA)	Delivery mode (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	Component was Knowledge-based (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	Component was Awareness-based (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
			representing several backgrounds'		face training and written materials		
Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial	Patients	Brief but unspecified contact time either before scheduled visits with clinicians or during their visits	Researcher-diabetologists or physician faculty/fellows specializing in endocrinology	One session over the 3-month study period	Face-to-face	Yes	Uncertain
Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial							
Williams et al., 2010 <sup>60</sup> NA	providers	adherence data provided to providers every 2 weeks	electronic data	NR	electronic data	Yes	No
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	patient; Patient-provider communication	Initial study visit: 1.5 hour; 2nd visit: 30 minutes. Follow-up phone calls: 30 minutes total.	nurses, respiratory therapists, and pharmacists, as well as nurse practitioners and physician assistants, most of whom already served as asthma care managers, were recruited to serve as study care managers	2 sessions and 3 brief phone calls at 3, 6, 9 months	face-to-face and phone	Yes	Yes
Wolever et al., 2010 <sup>62</sup> NA	Patient	30 minutes per intervention session	Other - coaches	14 sessions over 6 months	Over-the-phone	Uncertain	Uncertain

<b>First author's last name</b>	<b>Target of the intervention</b> (system, policy, provider, patient, combination [specify], NA)	<b>Intensity</b> (contact time, that is, length of interaction with intended target of the intervention, NA)	<b>Agent delivering the intervention</b> (e.g., physician, nurse, health educator, levels of training within a provider group, other [specify], NA)	<b>Duration</b> (number of sessions over a given time period, NA)	<b>Delivery mode</b> (e.g. face-to-face, written material, mail, DVD, video, text message, computer, over-the-phone, etc., NA)	<b>Component was Knowledge-based</b> (e.g., general information about behavior-health consequences, individualized information, increased understanding/memory enhancement, other, NA)	<b>Component was Awareness-based</b> (risk communication, self-monitoring, reflective listening, behavioral feedback, other, NA)
Zhang et al., 2010 <sup>63</sup> N/A	Patient	NA	NA	NA	NA	No	No

Table D13. Intervention Components, Part 2

First author's last name	Component was Social Influence (information about or social influence of peers, other, NA)	Component Targets Attitudes (or NA)	Component was Self-efficacy (modeling, practice, verbal persuasion, plan coping responses, set graded tasks, reattribution of success/failure, other [specify in next column], NA)	Specify other self-efficacy components (or NA)	Component was Intention formation (general intention, develop medication schedule, set goals, review goals, behavioral contract, other, NA)	Component was Action control (cues/reminders, self-persuasion, organize social support, other, NA)	Component was Maintenance (maintenance goals, relapse prevention, other, NA)
Bender et al., 2010 <sup>1</sup> NA	No	No	No	NA	No	No	No
Berg et al., 1997 <sup>2</sup> NA	No	No	Yes	NA	No	No	No
Berger et al., 2005 <sup>3</sup> NA	no	no	no	NA	no	no	no
Bogner et al., 2008 <sup>4</sup> NA	No	Yes	No	Na	No	No	No
Bogner et al., 2010 <sup>5</sup> NA	No	No	Yes	NA	Yes	Uncertain	Uncertain
Bosworth et al., 2005 <sup>6</sup> V-STITCH	No	No	No	NA	Yes	Yes	Yes
Bosworth et al., 2008 <sup>7</sup> TCYB	No	Yes	No	NA	Yes	Yes	No
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper							
Capoccia et al., 2004 <sup>9</sup> NA	No	No	No	NA	Yes	Uncertain	Uncertain

First author's last name	Component was Social Influence (information about or social influence of peers, other, NA)	Component Targets Attitudes (or NA)	Component was Self-efficacy (modeling, practice, verbal persuasion, plan coping responses, set graded tasks, reattribution of success/failure, other [specify in next column], NA)	Specify other self-efficacy components (or NA)	Component was Intention formation (general intention, develop medication schedule, set goals, review goals, behavioral contract, other, NA)	Component was Action control (cues/reminders, self-persuasion, organize social support, other, NA)	Component was Maintenance (maintenance goals, relapse prevention, other, NA)
Year							
Trial name (if applicable)							
Carter et al., 2009 <sup>10</sup> NA	No	No	No	NA	No	No	No
Chernew et al., 2008 <sup>11</sup> NA	No	No	No	NA	No	No	No
Choudhry et al., 2010 <sup>12</sup> NA	No	No	No	NA	No	No	No
Friedman et al., 1996 <sup>13</sup> NA	No	No	No	NA	Uncertain	Uncertain	Uncertain
Fulmer et al., 1999 <sup>14</sup> NA	No	No	No	No	No	Yes	No
Grant et al., 2003 <sup>15</sup> NA	No	No	No	NA	No	No	Yes
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program	No	No	No	NA	No	Yes	No
Hoffman et al., 2003 <sup>17</sup> NA	No	No	No	No	No	Yes	No
Hunt et al., 2008 <sup>18</sup> NA	Uncertain	Uncertain	No	NA	Uncertain	No	No
Janson et al., 2003 <sup>19</sup> NA	no	no	Yes	NA	no	Uncertain	Yes

First author's last name	Component was Social Influence (information about or social influence of peers, other, NA)	Component Targets Attitudes (or NA)	Component was Self-efficacy (modeling, practice, verbal persuasion, plan coping responses, set graded tasks, reattribution of success/failure, other [specify in next column], NA)	Specify other self-efficacy components (or NA)	Component was Intention formation (general intention, develop medication schedule, set goals, review goals, behavioral contract, other, NA)	Component was Action control (cues/reminders, self-persuasion, organize social support, other, NA)	Component was Maintenance (maintenance goals, relapse prevention, other, NA)
Janson et al., 2009 <sup>20</sup> NA	No	No	Yes	NA	No	No	Uncertain
Johnson et al., 2006 <sup>22</sup> NR	No	Yes	Yes	Provided information about the participant's level of temptation for not adhering	No	No	Yes
Johnson et al., 2006 <sup>21</sup> NR	Yes	Yes	Yes	NA	No	No	No
Katon et al., 2001 <sup>27</sup> NA	No	Uncertain	Yes	Patients taught self-monitoring strategies; taught to identify and proactively plan for situations that would likely lead to relapse	Yes	Yes	Yes
Ludman et al., 2003 <sup>28</sup> NA							
Van Korff et al., 2003 <sup>29</sup> NA							
Katon et al., 1995 <sup>23</sup> NA	No	No	Yes	NA	no	no	no
Katon et al., 1996 <sup>24</sup> NA	Uncertain	Uncertain	Yes	NA	Uncertain	Uncertain	Uncertain

First author's last name	Component was Social Influence (information about or social influence of peers, other, NA)	Component Targets Attitudes (or NA)	Component was Self-efficacy (modeling, practice, verbal persuasion, plan coping responses, set graded tasks, reattribution of success/failure, other [specify in next column], NA)	Specify other self-efficacy components (or NA)	Component was Intention formation (general intention, develop medication schedule, set goals, review goals, behavioral contract, other, NA)	Component was Action control (cues/reminders, self-persuasion, organize social support, other, NA)	Component was Maintenance (maintenance goals, relapse prevention, other, NA)
Katon et al., 1999 <sup>25</sup> NA	No	No	Yes	NA	No	No	No
Katon et al., 2002 <sup>26</sup> NA							
Lee et al., 2006 <sup>30</sup> FAME	No	No	No	NA	No	No	No
Lin et al., 2006 <sup>31</sup> NA	No	Uncertain	No	NA	Yes	No	Yes
Mann et al., 2010 <sup>32</sup> The Statin Choice	No	No	No	NA	No	No	No
Murray et al., 2007 <sup>33</sup> n/a	No	No	Yes	Prescription-taking skills were assessed and addressed as needed; Coping responses including education and facilitation with RNs and MDs was provided	No	No	No
Nietert et al., 2009 <sup>34</sup> NA	No	No	Uncertain	NA	No	No	No
Okeke et al., 2009 <sup>35</sup> NA	No	No	No	NA	No	No	No

<b>First author's last name</b>	<b>Component was Social Influence</b> (information about or social influence of peers, other, NA)	<b>Component Targets Attitudes (or NA)</b>	<b>Component was Self-efficacy</b> (modeling, practice, verbal persuasion, plan coping responses, set graded tasks, reattribution of success/failure, other [specify in next column], NA)	<b>Specify other self-efficacy components (or NA)</b>	<b>Component was Intention formation</b> (general intention, develop medication schedule, set goals, review goals, behavioral contract, other, NA)	<b>Component was Action control</b> (cues/reminders, self-persuasion, organize social support, other, NA)	<b>Component was Maintenance</b> (maintenance goals, relapse prevention, other, NA)
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Yes	Uncertain	Yes	NA	No	Yes	No
Powell et al., 1995 <sup>37</sup> NA	No	No	No	NA	No	No	No
Pyne et al., 2011 <sup>38</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	Uncertain	No	Yes	instruction in self-management (e.g., encouraging patients to exercise and participate in social activities)	No	Yes	No
Rich et al., 1996 <sup>39</sup> NA	No	No	No	NA	Yes	Yes	No
Rickles et al., 2005 <sup>40</sup> NA	No	Uncertain	Uncertain	NA	Yes	Uncertain	Uncertain
Ross et al., 2004 <sup>41</sup> NR	No	No	No	NA	No	No	No
Rudd et al., 2004 <sup>42</sup> NA	No	No	Yes	NA	Yes	No	Yes
Rudd et al., 2009 <sup>43</sup> NA	No	No	No	NA	No	No	No

First author's last name	Component was Social Influence (information about or social influence of peers, other, NA)	Component Targets Attitudes (or NA)	Component was Self-efficacy (modeling, practice, verbal persuasion, plan coping responses, set graded tasks, reattribution of success/failure, other [specify in next column], NA)	Specify other self-efficacy components (or NA)	Component was Intention formation (general intention, develop medication schedule, set goals, review goals, behavioral contract, other, NA)	Component was Action control (cues/reminders, self-persuasion, organize social support, other, NA)	Component was Maintenance (maintenance goals, relapse prevention, other, NA)
Schaffer et al., 2004 <sup>44</sup> NA	No	Uncertain	Yes	NA	Uncertain	Uncertain	Uncertain
Schectman et al., 1994 <sup>45</sup> NA	No	No	Yes	NA	No	No	No
Schneider et al., 2008 <sup>46</sup> NA	No	No	No	No	No	Yes	No
Schnipper et al., 2006 <sup>47</sup> NA	no	no	no	NA	no	no	no
Simon et al., 2006 <sup>48</sup> NA	No	No	No	NA	Uncertain	Uncertain	Uncertain
Sledge et al., 2006 <sup>49</sup> #2608 NA	no	no	no	NA	no	Uncertain	no
Smith et al., 2008 <sup>50</sup> NR	No	No	No	NA	No	No	No
Solomon et al., 1998 <sup>51</sup> n/a	No	No	No	NA	No	No	No
Gourley et al., 1998 <sup>52</sup> NA							
Stacy et al., 2009 <sup>53</sup> NA	No	Yes	Yes	NA	Yes	No	Yes

First author's last name	Component was Social Influence (information about or social influence of peers, other, NA)	Component Targets Attitudes (or NA)	Component was Self-efficacy (modeling, practice, verbal persuasion, plan coping responses, set graded tasks, reattribution of success/failure, other [specify in next column], NA)	Specify other self-efficacy components (or NA)	Component was Intention formation (general intention, develop medication schedule, set goals, review goals, behavioral contract, other, NA)	Component was Action control (cues/reminders, self-persuasion, organize social support, other, NA)	Component was Maintenance (maintenance goals, relapse prevention, other, NA)
Taylor et al., 2003 <sup>54</sup> NA	No	No	No	NA	No	No	no
Vivian et al., 2002 <sup>55</sup> NA	No	No	No	NA	Yes	No	Yes
Waalén et al., 2009 <sup>56</sup> NA	No	No	No	NA	No	No	No
Weinberger et al., 2002 <sup>57</sup> NA	No	No	No	NA	no	Yes	no
Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial	No	No	No	NA	No	No	No
Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial	No	No	No	NA	No	No	No
Williams et al., 2010 <sup>60</sup> NA	No	No	No	NA	No	No	No
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online	No	No	Yes	NA	Yes	No	No

First author's last name	Component was Social Influence (information about or social influence of peers, other, NA)	Component Targets Attitudes (or NA)	Component was Self-efficacy (modeling, practice, verbal persuasion, plan coping responses, set graded tasks, reattribution of success/failure, other [specify in next column], NA)	Specify other self-efficacy components (or NA)	Component was Intention formation (general intention, develop medication schedule, set goals, review goals, behavioral contract, other, NA)	Component was Action control (cues/reminders, self-persuasion, organize social support, other, NA)	Component was Maintenance (maintenance goals, relapse prevention, other, NA)
supplemental material for methods and timeline							
Wolever et al., 2010 <sup>62</sup> NA	No	Yes	Yes	NA	Yes	No	No
Zhang et al., 2010 <sup>63</sup> N/A	No	No	No	NA	No	No	No

**Table D14. Intervention Components, Part 3**

[illegible]

<b>First author's last name</b>	<b>Component was Facilitation</b> (continuous professional support, dealing with adverse effects, individualizing/simplifying regimen [fewer pills, fewer medications, less frequent dosing, timing of dosing to fit individual schedule], reducing environmental barriers, other, NA)	<b>Component was Contingent rewards</b> (contingent rewards, contingency management [e.g. payment])	<b>Component was Motivational interviewing</b> (motivational enhancement, motivational techniques)	<b>Component was Stress management (or NA)</b>	<b>Component was Organizational learning strategies</b> (e.g., implementation toolkits, learning collaboratives, other, NA)	<b>Component was Systems change: clinical champions (or NA)</b>	<b>Component was Systems change: total quality management (TQM, NA)/continuous quality improvement (CQI, NA)</b>	<b>Other components: (specify, NA)</b>	<b>Number of components (or NA)</b>
Capoccia et al., 2004 <sup>9</sup> NA	yes	no	no	no	no	no	no	NA	3
Carter et al., 2009 <sup>10</sup> NA	Yes	No	No	No	No	No	No	Role of pharmacist-physician collaboration	2
Chernew et al., 2008 <sup>11</sup> NA	No	No	No	No	No	No	No	Copay reduction	1
Choudhry et al., 2010 <sup>12</sup> NA	No	No	No	No	No	No	No	Policy change: reductions in medication cost sharing with company employees & beneficiaries	1
Friedman et al., 1996 <sup>13</sup> NA	No	No	Yes	Uncertain	No	No	No	NA	3
Fulmer et al., 1999 <sup>14</sup> NA	No	No	No	No	No	No	No	No	1
Grant et al., 2003 <sup>15</sup> NA	No	No	No	No	No	No	No	email feedback to providers; offer of	4

First author's last name	Year	Trial name (if applicable)	Component was Facilitation (continuous professional support, dealing with adverse effects, individualizing/simplifying regimen [fewer pills, fewer medications, less frequent dosing, timing of dosing to fit individual schedule], reducing environmental barriers, other, NA)	Component was Contingent rewards (contingent rewards, contingency management [e.g. payment])	Component was Motivational interviewing (motivational enhancement, motivational techniques)	Component was Stress management (or NA)	Component was Organizational learning strategies (e.g., implementation toolkits, learning collaboratives, other, NA)	Component was Systems change: clinical champions (or NA)	Component was Systems change: total quality management (TQM, NA)/continuous quality improvement (CQI, NA)	Other components: (specify, NA)	Number of components (or NA)
										appointment making; social service referral as needed	
Guthrie et al., 2001 <sup>16</sup>	No	First Myocardial Infarction (MI) Risk Reduction Program	No	No	No	No	No	No	No	NA	3
Hoffman et al., 2003 <sup>17</sup>	No	NA	No	No	No	No	No	No	No	Provider also received lists of nonadherent patients, specific actions taken by providers NR	2
Hunt et al., 2008 <sup>18</sup>	Yes	NA	No	No	No	No	No	No	No	Collaborative care	4
Janson et al., 2003 <sup>19</sup>	no	NA	No	No	no	no	no	no	no	NA	4

First author's last name	Component was Facilitation (continuous professional support, dealing with adverse effects, individualizing/simplifying regimen [fewer pills, fewer medications, less frequent dosing, timing of dosing to fit individual schedule], reducing environmental barriers, other, NA)	Component was Contingent rewards (contingent rewards, contingency management [e.g. payment])	Component was Motivational interviewing (motivational enhancement, motivational techniques)	Component was Stress management (or NA)	Component was Organizational learning strategies (e.g., implementation toolkits, learning collaboratives, other, NA)	Component was Systems change: clinical champions (or NA)	Component was Systems change: total quality management (TQM, NA)/continuous quality improvement (CQI, NA)	Other components: (specify, NA)	Number of components (or NA)
Janson et al., 2009 <sup>20</sup> NA	No	No	No	No	No	No	No	NA	3
Johnson et al., 2006 <sup>22</sup> NR	No	No	No	No	No	No	No	NA	5
Johnson et al., 2006 <sup>21</sup> NR	No	No	No	No	No	No	No	NA	5
Katon et al., 2001 <sup>27</sup> NA	No	No	Yes	Yes	No	No	No	Shared decision-making regarding maintenance antidepressant treatment	9
Ludman et al., 2003 <sup>28</sup> NA									
Van Korff et al., 2003 <sup>29</sup> NA									
Katon et al., 1995 <sup>23</sup> NA	yes	no	no	no	no	No	no	cognitive behavioral therapy techniques, training and consultation for PCPs, collaboration between	6

<b>First author's last name</b>	<b>Component was Facilitation</b> (continuous professional support, dealing with adverse effects, individualizing/simplifying regimen [fewer pills, fewer medications, less frequent dosing, timing of dosing to fit individual schedule], reducing environmental barriers, other, NA)	<b>Component was Contingent rewards</b> (contingent rewards, contingency management [e.g. payment])	<b>Component was Motivational interviewing</b> (motivational enhancement, motivational techniques)	<b>Component was Stress management (or NA)</b>	<b>Component was Organizational learning strategies</b> (e.g., implementation toolkits, learning collaboratives, other, NA)	<b>Component was Systems change: clinical champions (or NA)</b>	<b>Component was Systems change: total quality management (TQM, NA)/continuous quality improvement (CQI, NA)</b>	<b>Other components: (specify, NA)</b>	<b>Number of components (or NA)</b>
Katon et al., 1996 <sup>24</sup> NA	Yes	No	No	Uncertain	No	No	No	PCP and psychiatrist cognitive behavioral therapy techniques, training and consultation for PCPs, collaboration between PCP and psychiatrist	6
Katon et al., 1999 <sup>25</sup> NA	Yes	No	No	No	No	No	No	collaborative care with PCP, psychiatrist, and patient	4
Katon et al., 2002 <sup>26</sup> NA									
Lee et al., 2006 <sup>30</sup> FAME	Yes	No	No	No	No	No	No	Blister packaging grouping daily medications	3
Lin et al., 2006 <sup>31</sup> NA	Uncertain	No	No	No	No	No	No	NA	2

First author's last name	Component was Facilitation (continuous professional support, dealing with adverse effects, individualizing/simplifying regimen [fewer pills, fewer medications, less frequent dosing, timing of dosing to fit individual schedule], reducing environmental barriers, other, NA)	Component was Contingent rewards (contingent rewards, contingency management [e.g. payment])	Component was Motivational interviewing (motivational enhancement, motivational techniques)	Component was Stress management (or NA)	Component was Organizational learning strategies (e.g., implementation toolkits, learning collaboratives, other, NA)	Component was Systems change: clinical champions (or NA)	Component was Systems change: total quality management (TQM, NA)/continuous quality improvement (CQI, NA)	Other components: (specify, NA)	Number of components (or NA)
Mann et al., 2010 <sup>32</sup> The Statin Choice	No	No	No	No	No	No	No	Decision Aid	3
Murray et al., 2007 <sup>33</sup> n/a	Yes	No	No	No	No	No	No	NA	3
Nietert et al., 2009 <sup>34</sup> NA	Yes	No	No	No	No	No	No	NA	2
Okeke et al., 2009 <sup>35</sup> NA	Yes	No	No	No	No	No	No	Visible and audible alarms on dosing aid	2
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Yes	No	No	No	No	No	No	NA	4
Powell et al., 1995 <sup>37</sup> NA	No	No	No	No	No	No	No	NA	1
Pyne et al., 2011 <sup>38</sup> HIV Translating Initiatives for Depression	Yes	No	No	No	no	No	No	NA	5

First author's last name	Component was Facilitation (continuous professional support, dealing with adverse effects, individualizing/simplifying regimen [fewer pills, fewer medications, less frequent dosing, timing of dosing to fit individual schedule], reducing environmental barriers, other, NA)	Component was Contingent rewards (contingent rewards, contingency management [e.g. payment])	Component was Motivational interviewing (motivational enhancement, motivational techniques)	Component was Stress management (or NA)	Component was Organizational learning strategies (e.g., implementation toolkits, learning collaboratives, other, NA)	Component was Systems change: clinical champions (or NA)	Component was Systems change: total quality management (TQM, NA)/continuous quality improvement (CQI, NA)	Other components: (specify, NA)	Number of components (or NA)
Into Effective Solutions (HITIDES)									
Rich et al., 1996 <sup>39</sup> NA	Yes	No	No	No	No	No	No	NA	5
Rickles et al., 2005 <sup>40</sup> NA	Yes	No	No	No	No	No	No	NA	2
Ross et al., 2004 <sup>41</sup> NR	No	No	No	No	No	No	No	NA	1
Rudd et al., 2004 <sup>42</sup> NA	Yes	No	No	No	No	No	No	NA	6
Rudd et al., 2009 <sup>43</sup> NA	Yes	No	No	No	No	No	No	Health literacy	3
Schaffer et al., 2004 <sup>44</sup> NA	No	No	No	No	No	No	No	NO	3
Schectman et al., 1994 <sup>45</sup> NA	Yes	No	No	No	No	No	No	NA	3
Schneider et al., 2008 <sup>46</sup> NA	No	No	No	No	No	uncertain	No	packaging	2
Schnipper et al., 2006 <sup>47</sup>	yes	no	no	no	no	Uncertain	no	monitoring medication	3

[illegible]

[illegible]

<b>First author's last name</b>	<b>Component was Facilitation</b> (continuous professional support, dealing with adverse effects, individualizing/simplifying regimen [fewer pills, fewer medications, less frequent dosing, timing of dosing to fit individual schedule], reducing environmental barriers, other, NA)	<b>Component was Contingent rewards</b> (contingent rewards, contingency management [e.g. payment])	<b>Component was Motivational interviewing</b> (motivational enhancement, motivational techniques)	<b>Component was Stress management (or NA)</b>	<b>Component was Organizational learning strategies</b> (e.g., implementation toolkits, learning collaboratives, other, NA)	<b>Component was Systems change: clinical champions (or NA)</b>	<b>Component was Systems change: total quality management (TQM, NA)/continuous quality improvement (CQI, NA)</b>	<b>Other components: (specify, NA)</b>	<b>Number of components (or NA)</b>
2009 <sup>59</sup> Statin Choice Randomized Trial									
Williams et al., 2010 <sup>60</sup> NA	No	No	No	No	No	No	No	Systems change by providing clinician with information about patient adherence	2
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	Yes	No	Yes	No	No	No	No	NA	6
Wolever et al., 2010 <sup>62</sup> NA	No	No	Uncertain	No	No	No	No	NA	3
Zhang et al., 2010 <sup>63</sup>	Uncertain	No	No	Yes	No	No	No	Reduction of out of pocket	1

	<b>Component was Facilitation</b> (continuous professional support, dealing with adverse effects, individualizing/simplifying regimen [fewer pills, fewer medications, less frequent dosing, timing of dosing to fit individual schedule], reducing environmental barriers, other, NA)	<b>Component was Contingent rewards</b> (contingent rewards, contingency management [e.g. payment])	<b>Component was Motivational interviewing</b> (motivational enhancement, motivational techniques)	<b>Component was Stress management (or NA)</b>	<b>Component was Organizational learning strategies</b> (e.g., implementation toolkits, learning collaboratives, other, NA)	<b>Component was Systems change: clinical champions (or NA)</b>	<b>Component was Systems change: total quality management (TQM, NA)/continuous quality improvement (CQI, NA)</b>	<b>Other components: (specify, NA)</b>	<b>Number of components (or NA)</b>
<b>First author's last name</b>									
<b>Year</b>									
<b>Trial name (if applicable)</b>									
N/A								medication expenses	

Table D15. Intervention Components, Part 4

First author's last name	Other (e.g. role of patient provider communication, role of family and/or caregiver, skill-building vs. usual care, NA)	Were there direct comparisons between components of interventions?	If yes to previous question, was there a difference between components?	If yes to the previous question, describe the relevant comparisons (if multiple comparisons, enter all)	Specify differences (results) (enter multiple differences if necessary)	Comments
Bender et al., 2010 <sup>1</sup> NA	NA	No	No	NA	NA	NA
Berg et al., 1997 <sup>2</sup> NA	NA	no	no	NA	NA	NA
Berger et al., 2005 <sup>3</sup> NA	NA	no				
Bogner et al., 2008 <sup>4</sup> NA	NO	No	No	NA	NA	NA
Bogner et al., 2010 <sup>5</sup> NA	NA	No	No	NA	NA	NA
Bosworth et al., 2005 <sup>6</sup> V-STITCH	patient/provider interaction	No		NA	NA	none
Bosworth et al., 2008 <sup>7</sup> TCYB	role of patient provider communication	No		NA	NA	none
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper						
Capoccia et al., 2004 <sup>9</sup> NA	no	no	no	NA	NA	NA
Carter et al., 2009 <sup>10</sup> NA	NA	No	No	NA	NA	None
Chernew et al., 2008 <sup>11</sup> NA	NA	No	No	NA	NA	None
Choudhry et al., 2010 <sup>12</sup> NA	NA	No	No	NA	NA	None
Friedman et al., 1996 <sup>13</sup> NA	NA	No	No	NA	NA	It is not clear what type of "counseling" the computer gave to patients to encourage adherence.
Fulmer et al., 1999 <sup>14</sup> NA	NA	yes	no			

First author's last name Year Trial name (if applicable)	Other (e.g. role of patient provider communication, role of family and/or caregiver, skill-building vs. usual care, NA)	Were there direct comparisons between components of interventions?	If yes to previous question, was there a difference between components?	If yes to the previous question, describe the relevant comparisons (if multiple comparisons, enter all)	Specify differences (results) (enter multiple differences if necessary)	Comments
Grant et al., 2003 <sup>15</sup> NA	NA	yes	no	NA	NA	compared Questionnaire only to Questionnaire plus education and provider feedback
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program	NA	No	NA	NA	NA	none
Hoffman et al., 2003 <sup>17</sup> NA	NA	No	No	NA	NA	NA
Hunt et al., 2008 <sup>18</sup> NA	NA	No	No	NA	NA	None
Janson et al., 2003 <sup>19</sup> NA	NA	no	no	NA	NA	
Janson et al., 2009 <sup>20</sup> NA	No	No	No	NA	NA	NA
Johnson et al., 2006 <sup>22</sup> NR	NA	No	No	NA	NA	none
Johnson et al., 2006 <sup>21</sup> NR	NA	No	No	NA	NA	none
Katon et al., 2001 <sup>27</sup> NA	Depression prevention specialists communicated with PCPs about patients	No	No	NA	NA	NA
Ludman et al., 2003 <sup>28</sup> NA						
Van Korff et al., 2003 <sup>29</sup> NA						
Katon et al., 1995 <sup>23</sup> NA	NA	no				
Katon et al., 1996 <sup>24</sup> NA	NA	No	No	NA	NA	None
Katon et al., 1999 <sup>25</sup> NA	NA	No	No	NA	NA	

First author's last name	Other (e.g. role of patient provider communication, role of family and/or caregiver, skill-building vs. usual care, NA)	Were there direct comparisons between components of interventions?	If yes to previous question, was there a difference between components?	If yes to the previous question, describe the relevant comparisons (if multiple comparisons, enter all)	Specify differences (results) (enter multiple differences if necessary)	Comments
Katon et al., 2002 <sup>26</sup> NA						
Lee et al., 2006 <sup>30</sup> FAME	NA	No	No	NA	NA	none
Lin et al., 2006 <sup>31</sup> NA	NA	No	No	NA	NA	None
Mann et al., 2010 <sup>32</sup> The Statin Choice	NA	No	No	NA	NA	
Murray et al., 2007 <sup>33</sup> n/a	NA	No	No	NA	NA	NA
Nietert et al., 2009 <sup>34</sup> NA	NA	No	No	NA	NA	None
Okeke et al., 2009 <sup>35</sup> NA	NA	No				
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	NA	No	No	NA	NA	NA
Powell et al., 1995 <sup>37</sup> NA	NA	No	No	NA	NA	None
Pyne et al., 2011 <sup>38</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	NA	No	No	NA	NA	NA
Rich et al., 1996 <sup>39</sup> NA	NA	No	NA	NA	NA	none
Rickles et al., 2005 <sup>40</sup> NA	NA	no	No	NA	NA	NA
Ross et al., 2004 <sup>41</sup> NR	NA	No		NA	NA	none
Rudd et al., 2004 <sup>42</sup> NA	NA	No	No	NA	NA	none

First author's last name Year Trial name (if applicable)	Other (e.g. role of patient provider communication, role of family and/or caregiver, skill-building vs. usual care, NA)	Were there direct comparisons between components of interventions?	If yes to previous question, was there a difference between components?	If yes to the previous question, describe the relevant comparisons (if multiple comparisons, enter all)	Specify differences (results) (enter multiple differences if necessary)	Comments
Rudd et al., 2009 <sup>43</sup> NA						
Schaffer et al., 2004 <sup>44</sup> NA	NO	No	No	no	NA	NA
Schectman et al., 1994 <sup>45</sup> NA	NA	No	No	NA	NA	None
Schneider et al., 2008 <sup>46</sup> NA	NA	no				
Schnipper et al., 2006 <sup>47</sup> NA	NA	no				
Simon et al., 2006 <sup>48</sup> NA	NA	No	no	NA	NA	
Sledge et al., 2006 <sup>49</sup> #2608 NA	NA	no				
Smith et al., 2008 <sup>50</sup> NR	NA	No		NA	NA	none
Solomon et al., 1998 <sup>51</sup> n/a	NA	No	No	NA	NA	NA
Gourley et al., 1998 <sup>52</sup> NA						
Stacy et al., 2009 <sup>53</sup> NA	NA	No	NA	NA	NA	
Taylor et al., 2003 <sup>54</sup> NA	NA	no				
Vivian et al., 2002 <sup>55</sup> NA	NA	No	NA	NA	NA	none
Waalén et al., 2009 <sup>56</sup> NA	NA	No				
Weinberger et al., 2002 <sup>57</sup> NA	yes	No	no	NA	NA	There was a peak flow control group in addition to the

First author's last name	Other (e.g. role of patient provider communication, role of family and/or caregiver, skill-building vs. usual care, NA)	Were there direct comparisons between components of interventions?	If yes to previous question, was there a difference between components?	If yes to the previous question, describe the relevant comparisons (if multiple comparisons, enter all)	Specify differences (results) (enter multiple differences if necessary)	Comments
Year						
Trial name (if applicable)						
						control group; the intent of giving that group peak flow meters, instructions on its use, and monitoring calls on PEFr (which the control group did not receive) was to control for the active ingredient of self-monitoring rather than to evaluate the effect of peak flow meters on medication adherence. There were too many differences between the peak flow group and the pharmaceutical care group to evaluate the effect of components.
Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial	Role of patient provider communication	Yes	Yes	Effect of mode of delivery (i.e., by a clinician during patient visits or by a clinician-researcher before patient visits) on statin adherence at 3 month follow-up, overall acceptability of decision aid,	Odds ratio for adherence to statins at 3 month follow-up by mode of delivery (clinician vs. clinician-researcher) OR: 0.895% CI: 0.3-2.6	None
Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial						

First author's last name	Other (e.g. role of patient provider communication, role of family and/or caregiver, skill-building vs. usual care, NA)	Were there direct comparisons between components of interventions?	If yes to previous question, was there a difference between components?	If yes to the previous question, describe the relevant comparisons (if multiple comparisons, enter all)	Specify differences (results) (enter multiple differences if necessary)	Comments
Year				Knowledge Score, & Decisional Conflict Scale score	Difference in overall acceptability (clinician vs. clinician-researcher) Odds ratio (OR): 3.1 95% CI: 0.9-11.2 P: 0.08 Adjusted mean difference (AMD): 0.31 95% CI: -0.37-0.98 P: 0.38 Difference in Knowledge Score (out of max 9 points) AMD: 1.6 95% CI: 0.3-2.8 P: 0.02 Difference in Decisional Conflict Scale (out of max 100 points) AMD: -6.8 95% CI: -17.6-4.0 P: 0.22	
Trial name (if applicable)						
Williams et al., 2010 <sup>60</sup> NA	the intervention supposed to increase communication but the intervention only	Yes	No	NA. Also, results described under KQ1	NA	Direct components of the intervention were assessed, because "usual

First author's last name	Other (e.g. role of patient provider communication, role of family and/or caregiver, skill-building vs. usual care, NA)	Were there direct comparisons between components of interventions?	If yes to previous question, was there a difference between components?	If yes to the previous question, describe the relevant comparisons (if multiple comparisons, enter all)	Specify differences (results) (enter multiple differences if necessary)	Comments
Year	provided information and did not address communication beyond what provided to UC care group					care" included education on adherence. The intervention did not result in a difference in adherence rates because the utilization of the intervention was low. Adherence was better among patients whose physicians viewed adherence data more frequently
Trial name (if applicable)						
Wilson et al., 2010 <sup>61</sup>	Engaging patient to become more involved in their own care through shared decision making	Yes	Yes	Compared two different methods of case management - SDM and CDM. Results described under KQ1	Differences presented in worksheet 2 for outcomes.	There were 2 intervention arms; responses reflect shared decision making arm
Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline						
Wolever et al., 2010 <sup>62</sup>	NA	No	No	NA	NA	NA
NA						
Zhang et al., 2010 <sup>63</sup>	NA	No	No	NA	NA	None
N/A						

Table D16. Mortality Data

First author's last name					
Year		Time of measurement (in months after the intervention)			
Trial name (if applicable)	Mortality		Data source	N	Results
Ross et al., 2004 <sup>41</sup>	Deaths (%)	NR [only says during study year 2002]	chart review	G1: NR G2: NR	G1: 6 (11%) G2: 6 (11%) 95% CI: NR P: 1.00
NR					

Table D17. Morbidity Outcomes 1-2

First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Bender et al., 2010 <sup>1</sup>	NA	Change in Asthma control Test results; higher scores indicate better control of asthma symptoms	at baseline and 10 weeks later at final re-visit - questions refer to previous 4 weeks	questionnaire; Asthma Control Test (ACT)	G1: 25 G2: 25	G1: 1.120 (3.90) G2: 1.840 (4.14) 95% CI: P: .530	NA	NA	NA	NA	NA	NA
Berg et al., 1997 <sup>2</sup>	NA	Average symptoms per day (SD) from a journal of daily asthma concerns on wheeze, coughing, shortness of breath, and chest tightness	Symptoms recorded each day for a week at week 7	self-report	G1: 31 G2: 24	G1: 1.1 (0.91) G2: 0.85 (0.93) 95% CI NR P NS	Percent symptom-free days (SD) from a journal of daily asthma concerns on wheeze, coughing, shortness of breath, and chest tightness	Symptoms recorded each day for a week at week 7	self-report	G1: 31 G2: 24	G1: 44 (38) G2: 60 (37) 95% CI NR P<0.1	
Bogner et al., 2008 <sup>4</sup>	NA	Center for Epidemiologic Studies-Depression Scale - compared at 6 weeks	interview at baseline and 6 weeks	questionnaire	G1: 32 G2: 32	G1: 9.9 (10.7) G2: 19.3 (15.2) 95% CI: P: .006	Systolic blood pressure, mean (SD), mm Hg - compared at 6 weeks	measured at baseline and at 6 weeks	automated blood pressure monitor	G1: 32 G2: 32	G1: 127.3 (17.7) G2: 141.3 (18.8) 95% CI: P: .003	
Bogner et al., 2010 <sup>5</sup>	NA	Depressive symptoms	2 times, once at baseline and once at 12 weeks	Center for Epidemiologic Studies Depression Scale (CES-D)	G1: 29 G2: 29	Baseline G1: Mean (SD) = 15.6 (11.7) G2: Mean (SD) = 19.7 (16.7) 95% CI: NR	A1C/Blood glycemic control	2 times, at baseline and 12 weeks	A1C assays	G1: 29 G2: 29	Baseline (%) G1: Mean (SD) = 7.3 (2.3) G2: Mean (SD) = 7.3 (2.0) 95% CI: NR	

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			
Trial name (if applicable)	Morbidity Outcome 1						Data source	N	Results	Results
					P: 0.47 Endpoint G1: Mean (SD) = 9.6 (9.4) G2: Mean (SD) = 16.6 (14.5) 95% CI: NR P: 0.035					P: 0.70 Endpoint (%) G1: Mean (SD) = 6.7 (2.3) G2: Mean (SD) = 7.9 (2.6) 95% CI: NR P: 0.019
Friedman et al., 1996 <sup>13</sup> NA	Systolic blood pressure	measured at baseline and at 6-months	blood pressure readings by field technicians	G1: 133 G2: 134	G1: 11 mm Hg (mean decrease) G2: 10.6 mm Hg (mean decrease) 95% CI: NR P: = 0.85	Diastolic blood pressure	measured at baseline and at 6-months	blood pressure reading by field technicians	G1: 133 G2: 134	G1: 5.4 mm Hg (mean decrease) G2: 3.3 mm Hg (mean decrease) 95% CI: NR P: =0.09
Fulmer et al., 1999 <sup>14</sup> NA	Minnesota Living with Heart Failure Questionnaire (MLHF) score	Measured at baseline, 10 weeks	self-report	G1: 15 G2: 13 G3: 14	Pre-intervention mean (SD) G1: 43.1 (20.8) G2: 54.4 (21.1) G3: 46.6 (27.7)  Post-intervention mean (SD) G1: 36.7 (19.9) G2: 32.9 (25.2) G3: 32.9 (22.9) 95% CI: N-R P: N-R "There was improvement in MLHF scores [for	SF-36 score	Measured at baseline, 10 weeks	self-report	G1: 15 G2: 13 G3: 14	Pre-intervention mean (SD) G1: 86.1 (17.0) G2: 81.0 (15.2) G3: 87.3 (24.3)  Post-intervention mean (SD) G1: 85.9 (18.9) G2: 90.1 (20.6) G3: 91.7 (22.7) 95% CI: N-R P: N-R "There was no

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)		Data source	N	Results
Trial name (if applicable)	Morbidity Outcome 1										
					the sample] (p<0.001)... Group membership did not make a difference..."						significant change in the SF-36 scores for the sample.... Group membership did not make a difference..."
Janson et al., 2003 <sup>19</sup> NA	Symptom severity at week 7; between group difference in change from baseline to final visit at week 7 (95% CI)	recorded daily, averaged over a week	questionnaire	G1: 33 G2: 32	G1: 8(7) G2: 7 (6) between group change: -0.9 (-4 to 2) p= 0.56	FEV1 (% predicted) at week 7; between group difference in change from baseline to final visit at week 7 (95% CI)	recorded at every visit	questionnaire	G1: 33 G2: 32	G1: 90 (16) G2: 80 (20) Between group difference: 5 (-1 to 10) p = 0.09	
Janson et al., 2009 <sup>20</sup> NA	mean change of FEV1 % predicted (before bronchodilator): During intervention(T0-T1), following intervention (T1-T2), and for entire study duration (T0-T2)	measured at t0, t1, t2; between t1 and t2 constitutes 14 weeks apart; not clear but appears that represents single measurement for time period	electronic peak flow meter	G1: 45 G2: 39	T0-T1 G1: 1.47 G2: 2.72 P: 0.32  T1-T2 G1: 1.13 G2: -0.37 P: .25  T0-T2 G1: 2.60	mean change Symptom Score; During intervention(T0-T1), following intervention (T1-T2), and for entire study duration (T0-T2)	"rated daily by participants; scores averaged weekly for analysis"	rated in subject maintained diaries; 0-10 scale	G1: 45 G2: 39	Mean change: T0-T1 G1: -1.28 G2: -1.41 P: 0.84  T1-T2 G1: -0.97 G2: 0.11 95% CI: P: .06	

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)				
Trial name (if applicable)	Morbidity Outcome 1					Morbidity Outcome 2	Data source	N	Results	
					G2: 1.13 P: 0.25	Symptom-free days (symptom score =0)			T0-T2 G1: -2.25 G2: -1.30 P: 0.19	
									Symptom-free days Odds Ratios T0-T1 G1: 2.2 G2: 1.6 P: 0.48	
									T1-T2: G1: 2.7 G2: 1.8 P: .63	
									T0-T2: G1: 5.9 G2: 2.8 P: 0.51	
Katon et al., 1995 <sup>23</sup> NA	% patients whose scores on SCL-20 improved $\geq 50\%$	4-month follow-up for bivariate; 1m, 4m and 7m for multivariate and group-by-time interaction	Self-report	Major depression group N=91  Minor depression group N=126	Bivariate: Major depression group G1: 74.4 G2: 43.8 95% CI: NR P: <0.01 Minor depression group G1: 60.0	% patients whose scores on IDS improved $\geq 50\%$	4-month follow-up for bivariate; 1m, 4m and 7m for multivariate and group-by-time interaction	other (specify): clinician-rated N=91  Minor depression group	Major depression group G1: 61.5 G2: 40.6 95% CI: NR P: <0.08 Minor depression	

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)		
Trial name (if applicable)	Morbidity Outcome 1						Data source	N	Results
					G2: 67.9 95% CI: NR P: 0.40			N=126	group G1: 48.0 G2: 55.4 95% CI: NR P: 0.50
					Multivariate Major depression group G1: NR G2: NR 95% CI: NR P: <0.005 Minor depression group G1: NR G2: NR 95% CI: NR P: not significant				Multivariate Major depression group G1: NR G2: NR 95% CI: NR P: <0.02 Minor depression group G1: NR G2: NR 95% CI: NR P: not significant
					Group-by-time Major depression group G1: NR G2: NR 95% CI: NR P: <0.004				Group-by-time Major depression group G1: NR G2: NR 95% CI: NR P: NR, but statistically

First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Katon et al., 1996 <sup>24</sup> NA		Meeting criteria for depression	baseline, 1, 4, and 7 months	DSM-III-R diagnostic manual	<<unclear, the methods section states that a mixed modeling technique was used for analyzing depression outcomes, and that the mixed model technique used data from 141 patients who completed 2 of the three follow ups, but the numbers are not given for each group>>		Major Depression Group at 4-month follow up (% meeting criteria for major depression) G1: 7.4% G2: 23.1% P = NR  (% meeting criteria for minor depression) G1: 33.8% G2: 30.8% P = NR  Minor Depression Group at 4-month follow up (% meeting criteria for minor depression) G1: 25.6% G2: 33.3% P = NR	50% or more Improvement on the SCL-20 depression scale	4-month follow up	SCL-20 scale	G1: 77 G2: 76	significant Major Depression Group (% showing $\geq 50\%$ improvement) G1: 70.4% G2: 42.3% P: 0.04  No significant differences between G1 and G2 in the minor depression group G1: 66.7% G2: 52.8% P: 0.22
Katon et al., 1999 <sup>25</sup> NA		Rate of change in depression severity; after controlling for age, sex, and chronic	Measured at 3 and 6 months	self-reporting on SCL-20 questionnaire		NR	At 3 months: F(1,186): 12.38 P: 0.001	Percentage of patients who were asymptomatic (DSM-IV of 0	Measured at 3 and 6 months	Structured clinical interview	NR	At 3 mos. G1: 40% G2: 23% Chi-square: 6.18
Katon et al.,							At 6 months:					

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			
Trial name (if applicable)	Morbidity Outcome 1					Morbidity Outcome 2	Data source	N	Results
2002 <sup>26</sup>	disease score				F(1,185): 3.09 P: 0.08	or 1)	DSM-IV		P: 0.01
NA	(Reported in 9123)					(Reported in 9123)	symptoms		At 6 mos. G1: 44% G2: 31% Chi-square: 3.90 P: 0.05



First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			
Trial name (if applicable)	Morbidity Outcome 1						Data source	N	Results	Results
Lin et al., 2006 <sup>31</sup> NA	A1C	Measured only once at baseline (endpoint data possibly reported in other report from same study, Source 24)	NR	Baseline G1: 164 G2: 165 Endpoint G1: 164 G2: 165	Baseline (%) G1: Mean (SD) = 8.0% (1.6%) G2: Mean (SD) = 8.0% (1.5%) 95% CI: NR P: NR Endpoint G1: NR G2: NR 95% CI: NR P: NR	BMI	Measured 2 times, once at baseline and once at endpoint	NR	Baseline G1: 164 (kg/m <sup>2</sup> ) G2: 165 (Mean (SD)) Endpoint G1: 33.9 (8.6) G2: 36.3 (11.1) 95% CI: NR P: ≤0.05 without adjustment (kg/m <sup>2</sup> ) G1: 33.0 (7.9) G2: 36.1 (10.0) 95% CI: NR P: ≤0.01 with adjustment	Baseline G1: 164 (kg/m <sup>2</sup> ) G2: 165 (Mean (SD)) Endpoint G1: 33.9 (8.6) G2: 36.3 (11.1) 95% CI: NR P: ≤0.05 without adjustment (kg/m <sup>2</sup> ) G1: 33.0 (7.9) G2: 36.1 (10.0) 95% CI: NR P: ≤0.01 with adjustment
Okeke et al., 2009 <sup>35</sup> NA	Intraocular pressure	Measured after the observational cohort period (capturing data for a 3 month period) and at the end of the RCT (capturing data for a 3 month period)	Applanation	G1: N-R G2: N-R	G1: N-R G2: N-R 95% CI: N-R P: 0.81	NA	NA	NA	NA	NA
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	A1C	3 times, at baseline (visit 2), visit 4, and visit 6 over a 12-month period	Phlebotomy during study practice site visits	Baseline G1 + G2: 106 G3: 85 Midpoint (6 months) G1 + G2: 87 G3: 63	Baseline (%) G1 + G2: 7.5 G3: 7.6 95% CI: NR P (G1 + G2 vs. G3): 0.4102 (unadjusted), NR	Mean systolic BP	7 times over a 12-month period	Standardized BP reading, following	Baseline G1 + G2: 108 G3: 91 Midpoint G1 +	Baseline (mmHg) G1 + G2: 141.3 G3: 139.0 95% CI: NR P (G1 + G2 vs.

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			Data source	Results
Trial name (if applicable)	Morbidity Outcome 1			N	Results	Morbidity Outcome 2		
				Endpoint (9-12 months) G1 + G2: 74 G3: 63	(adjusted) Midpoint (%) G1 + G2: 8.3 G3: 7.8 P (G1 + G2 vs. G3): 0.0567 (unadjusted), 0.0429 (adjusted for multiple factors, including baseline outcome values) Endpoint (%) G1 + G2: 7.4 G3: 7.4 P (G1 + G2 vs. G3): 0.6440 (unadjusted), 0.9164 (adjusted)		American Heart Association guidelines	G2: 92 G3: 74 Endpoint: 0.5433 (unadjusted), NR (adjusted) Midpoint (mmHg) G1 + G2: 135.5 G3: 133.6 95% CI: NR P (G1 + G2 vs. G3): 0.3836 (unadjusted), 0.4969 (adjusted) Endpoint (mmHg) G1 + G2: 134.0 G3: 133.8 95% CI: NR P (G1 + G2 vs. G3): 0.9427 (unadjusted), 0.6475 (adjusted)

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			
Trial name (if applicable)	Morbidity Outcome 1						Data source	N	Results	Results
Rudd et al., 2004 <sup>42</sup> NA	Change in systolic BP between baseline and 6 months (measured at clinic)	Measured at baseline and at 6 months	Clinic measurement by blinded study personnel	G1: 74 G2: 76	G1: -14.2 (95% CI -18.1, -10.0) G2: -5.7 (95% CI -10.2, -1.3) P<0.01	Change in diastolic BP between baseline and 6 months	Measured at baseline and at 6 months	Clinic measurement by blinded study personnel	G1: 74 G2: 76	G1: -6.5 (95% CI -8.8, -4.1) G2: -3.4 (95% CI -5.3, -1.5) P<0.05
Schaffer et al., 2004 <sup>44</sup> NA	ACQ (lower=better): mean (SD)	baseline, 3, 6 months; timeframe: specific to time of measurement	questionnaire	G1: 11 G2: 10 G3: 12 G4: 13	G1(audio+ book) Pre: 1.50 (0.56) 3 mo: 1.10 (0.58) 6 mo: 1.30 (0.76)  G2(audio only) Pre: 1.84 (1.05) 3 mo: 1.62 (1.04) 6 mo: 1.47 (1.14)  G3(book only) : Pre: 1.42 (0.82) 3 mo: 1.39 (1.0) 6 mo: 1.30 (0.76)  G4(UC) : Pre: 1.72 (1.22) 3 mo: 1.71 (1.18) 6 mo: 1.25 (1.07)  Pre-3: G4 vs. G2 p = .6 G4 vs. G1 p = .8 G4 vs. G1 p = .1	AQLQ(higher=better): mean (SD)	baseline, 3, 6 months; timeframe: specific to time of measurement	questionnaire	G1: 11 G2: 10 G3: 12 G4: 13	AQLQ(higher=better): mean (SD) G1(audio+ book) Pre: 4.97 (0.88) 3 mo: 5.15 (0.91) 6 mo: 5.22 (0.99)  G2(audio only) Pre: 4.60 (1.1) 3 mo: 4.94 (0.97) 6 mo: 5.30 (0.8)  G3(book only) : Pre: 4.71 (1.16) 3 mo: 5.13 (1.32)

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)		Data source	N	Results
Trial name (if applicable)	Morbidity Outcome 1										
					Pre-6 G4 vs. G3 p = .5 G4 vs. G2 p = .4 G4 vs. G3 p = .8						6 mo: 5.22 (0.98)  G4(UC) : Pre: 4.65 (1.23) 3 mo: 4.68 (1.49) 6 mo: 4.87 (1.2)  Pre-3: G4 vs. G2 p = .5 G4 vs. G1 p = .3 G4 vs. G3 p = .6  Pre-6 G4 vs. G3 p = .2 G4 vs. G2 p = .4 G4 vs. G1 p = .8
Schneider et al., 2008 <sup>46</sup> NA	Absolute change in Blood pressure: DBP	6 and 12 months	Medical chart review	G1: 47 G2: 38	Mean (SD) absolute change  6 months G1: -0.8 (12.4) G2: 1.8 (9.1)	Absolute Change in Blood pressure: SBP	6 and 12 months	Medical chart review	G1: 47 G2: 38		Mean (SD) absolute change  6 months G1: -4.2 (21.5)

						Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)					
First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Data source	N	Results
							95% CI: N-R P: 0.287				G2: -4.2 (20.9) 95% CI: N-R P: 0.992
							12 months G1: -3.0 (11.6) G2: 2.7 (10.7) 95% CI: N-R P: 0.125				12 months G1: -2.7 (16.5) G2: -1.3 (17.8) 95% CI: N-R P: 0.669
Solomon et al., 1998 <sup>51</sup> n/a		Hypertension group: Problems with sexual functioning during previous 4 weeks, n (%) (Item 2)	Visit 1: Baseline Visit 5: 4-6 months	Hypertension/Lipid Form 5.1 developed by The Health Outcomes Institute	Overall N: 63 G1: NR G2: NR	Visit 1 G1: 22 (34.0%) G2: 19 (26.0%) 95% CI: NR P: NR	Hypertension group reporting "Feeling dizzy upon standing up," mean (SD) (Item 8)	Visit 1: Baseline Visit 5: 4-6 months	Hypertension/Lipid Form 5.1 developed by The Health Outcomes Institute; Likert scale of 1 (never) to 5 (very often);	Overall N: 63 G1: NR G2: NR	Visit 1 G1: 1.7 (1.1) G2: 2.0 (1.1) 95% CI: NR P: NR
Gourley et al., 1998 <sup>52</sup> NA						Visit 5 G1: 8 (2.5%) G2: 8 (25.0%) 95% CI: NR P: NR					Visit 5 G1: 1.4 (0.8) G2: 1.4 (0.8) 95% CI: NR P: NR
Wilson et al., 2010 <sup>61</sup> Better		Lung function (FEV1%)	follow-up year 1, measured once	Spirometry	G1: 165 G2: 170 G2: 172	G1: 76.5% G3: 73.1% P= 0.0068	FEV1:FEV6 ratio	follow-up year 1, measured once	Spirometry	G1: 165 G2: 170 G2: 172	G1: 72.8% G3: 70.0% P= 0.0005

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			Results
Trial name (if applicable)	Morbidity Outcome 1						Data source	N	Results	
Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline					G1: 76.5% G2: 75.8% P: 0.47  G2: 75.8 G3: 73.1% P: .0457					G1: 72.8% G2: 71.8% P: 0.09  G2: 71.8% G3: 70.0% P: 0.07
Wolever et al., 2010 <sup>62</sup> NA	Hemoglobin A1C (all)	Twice within a 6-month period	Blood work	G1: 27 G2: 22	G1: Baseline Mean (SD) = 7.9 (1.98), Endpoint Mean (SD) = 7.5 (1.76) G2: Baseline Mean (SD) = 8.1 (1.92), Endpoint Mean (SD) = 8.2 (1.92) 95% CI: NR P: Within-group change from baseline NS, between-group change NR	Hemoglobin A1C (patients with A1C > 7% at baseline)	Twice within a 6-month period	Blood work	G1: 16 G2: NR	G1: Baseline mean (SD) = 8.9 (1.78), Endpoint mean (SD) = 8.3 (1.76) G2: Baseline mean (SD) = 8.8 (1.95), Endpoint mean (SD) = 8.8 (1.99) 95% CI: NR P: G1 - Within-group change from baseline = 0.030

Table D18. Morbidity Outcomes 3-4

First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 3	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 4	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Bogner et al., 2008 <sup>4</sup>	NA	NA	Diastolic blood pressure, mean (SD), mm Hg - compared at 6 weeks	measured at baseline and at 6 weeks	automated blood pressure monitor	G1: 32 G2: 32	G1: 75.8 (10.7) G2: 85.0 (11.9) 95% CI: P: .002	NA	NA	NA	NA	NA
Janson et al., 2003 <sup>19</sup>	NA	NA	Perceived control of asthma at week 7; between group difference in change from baseline to final visit at week 7 (95% CI)	timeframe of measure not reported; measured at each study visit	questionnaire	G1: 33 G2: 32	G1: 42 (5) G2: 42 (5) Between group difference: 2.6 (0.1 to 5), p= 0.04	Eosinophils cationic protein at week 7; between group difference in change from baseline to final visit at week 7 (95% CI)	collected at week 1, week 2, and week 7	sputum sample	G1: 29 G2: 29	G1: 231 (203) G2: 324 (346) Between group difference: -72 (-8 to 63), p= 0.29
Janson et al., 2009 <sup>20</sup>	NA	NA	Mean change Eosinophil cationic protein (ECP) (nanogram s/mL); Eosinophils > 0% (>	collected once at the end of each time period; During intervention (T0-T1), following intervention (T1-T2), and	sputum sample	G1: 45 G2: 39	T0-T1 G1: 0.88 G2: 1.05 P: 0.55 T1-T2 G1: 0.88 G2: 1.11 95% CI: P: .44 T0-T2	Tryptase > 1 microgram/L  Percentage of neutrophil counts	collected once at the end of each time period; During intervention (T0-T1), following intervention (T1-T2), and	sputum sample	NA	Tryptase > 1 microgram/L; Odds ratio T0-T1: G1: 0.1 G2: 0.2 P: 0.29 T1-T2: G1: 0.1 G2: 0.4

First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 3	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 4	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
			1/500 cells), During intervention(T0-T1), following intervention (T1-T2), and for entire study duration (T0-T2)	for entire study duration (T0-T2)			G1: 0.77 G2: 1.17 P: 0.18 Odds Ratios of >0% ECP T0-T1: G1: 0.5 G2: 1.0 P: 0.4 T1-T2: G1: 3.1 G2: 0.6 P: 0.09 T0-T2: G1: 1.7 G2: 0.6 P: 0.29		for entire study duration (T0-T2)			P: 0.24 T0-T2: G1: 0.0 G2: 0.1 P: 0.08 Mean change in neutrophil %T0-T1: G1: 2.7 G2:: -1.7 P: 0.41 T1-T2: G1: 2.6 G2. -5.2 P: 0.18 T0-T2: G1: 5.3 G2: -6.7 P: 0.04
Katon et al., 2001 <sup>27</sup> NA		Functional impairment	BL, 3m, 6m, 9m, 12m	Self-report, SF-36 Social functioning Scale( using imputed data and adjusting for age,	Baseline G1: 194 G2: 192	3m mean (SD) G1: 81.4 (20.5) G2: 81.1 (21.1) 95% CI: NR P: NR	Functional impairment (Von Korff et al.)	BL, 3m, 6m, 9m, 12m	Self-report , SF-36 Role-Emotional Scale( using imputed data and adjusting for age, sex,	Baseline G1: 194 G2: 192	3m mean (SD) G1: 67.2 (35.6) G2: 68.3 (35.6) 95% CI: NR P: NR	
Ludman et al., 2003 <sup>28</sup> NA		(Von Korff et al.)			3 m G1: 186 G2: 186	6m mean (SD) G1: 83.3 (20.2) G2: 83.0 (20.9) 95% CI: NR P: NR				3 m G1: 186 G2: 186	6m mean (SD) G1: 67.8	
Van Korff et al., 2003 <sup>29</sup> NA					6 m G1: 181 G2: 170							

First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 3	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 4	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
					sex, chronic disease score, neuroticism, and baseline SCL)	9 m G1: 175 G2: 164	9m mean (SD) G1: 84.7 (19.7) G2: 81.4 (22.4) 95% CI: NR P: NR			chronic disease score, neuroticism, and baseline SCL)	6 m G1: 181 G2: 170	(36.5) G2: 72.1 (31.8) 95% CI: NR P: NR
						12 m G1: 174 G2: 153	12m mean (SD) G1: 86.9 (17.8) G2: 81.7 (20.4) 95% CI: NR P: NR Effects: Intervention Estimate: 0.27 (1.42) T-statistic: 0.19 P: 0.85				9 m G1: 175 G2: 164	9m mean (SD) G1: 70.8 (36.3) G2: 71.0 (34.3) 95% CI: NR P: NR
							Time Estimate: 0.66 (0.48) T-statistic: 1.38 P: 0.17				12 m G1: 174 G2: 153	12m mean (SD) G1: 75.9 (32.2) G2: 73.9 (36.2) 95% CI: NR P: NR
							Intervention x time Estimate: 1.31 (0.66) T-statistic: 1.98 P: 0.047					Effects: Intervention Estimate: -1.52 (2.21) T-statistic: 0.69 P: 0.49

First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 3	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 4	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
												Time Estimate: 2.51 (0.88) T-statistic: 2.86 P: 0.004
												Intervention x time Estimate: 0.32 (1.16) T-statistic: 0.28 P: 0.78
Katon et al., 1996 <sup>24</sup> NA			50% or more improvement on IDS	4-month follow up	IDS	G1: 77 G2: 76	Major Depression Group (% showing $\geq 50\%$ improvement) G1: 74.1% G2: 42.3% P: 0.02 No significant differences between G1 and G2 in the minor depression group G1: 51.3% G2: 52.8% P: 0.90	NR	NA	NA	NA	NA

First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 3	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 4	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Lin et al., 2006 <sup>31</sup>	NA	NA	Adjusted mean BMI difference (baseline minus endpoint)	NA	NR	Baseline e G1: 164 G2: 165 Endpoint t G1: 164 G2: 165	Baseline (kg/m <sup>2</sup> ) = NA 95% CI: NA P: NA Endpoint (kg/m <sup>2</sup> ) = 0.70 95% CI: 0.17 to 1.24 P: ≤0.01 with adjustment	NA	NA	NA	NA	NA
Pearce et al., 2008 <sup>36</sup>		Cardiovascular Risk Education and Social Support (CaRESS) Trial	Mean LDL cholesterol level	6 times over a 12-month period	Phlebotomy during study practice site visits	Baseline e G1 + G2: 24 G3: 16 Midpoint t G1 + G2: 18 G3: 11 Endpoint t G1 + G2: 18 G3: 11	Baseline G1 + G2: 137.0 G3: 137.3 95% CI: NR P (G1 + G2 vs. G3): 0.9471 (unadjusted), NA (adjusted) Midpoint G1 + G2: 139.4 G3: 130.5 95% CI: NR P (G1 + G2 vs. G3): 0.6716 (unadjusted), NA (adjusted) Endpoint G1 + G2: 135.4 G3: 110.6 95% CI: NR P (G1 + G2 vs. G3): 0.3238	SF-36 Physical composite score	3 times over a 12-month period, at baseline, visit 5, and endpoint	SF-36 Health Survey	Baseline ne G1 + G2: 107 G3: 88 Midpoint nt G1 + G2: 84 G3: 74 Endpoint nt G1 + G2: 74 G3: 72	Baseline G1 + G2: 38.0 G3: 40.9 95% CI: NR P: 0.0829 (unadjusted), NA (adjusted) Midpoint G1 + G2: 42.7 G3: 42.6 95% CI: NR P: 0.4145 (unadjusted), 0.9598 (adjusted) Endpoint G1 + G2: 41.4 G3: 41.6

First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 3	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 4	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
							(unadjusted), NA (adjusted)					95% CI: NR P: 0.4345 (unadjusted), 0.9056 (adjusted)
Schaffer et al., 2004 <sup>44</sup> NA		PQAA(higher=better): mean	baseline, 3, 6 months; timeframe: specific to time of measurement	questionnaire	G1: 11 G2: 10 G3: 12 G4: 13		G1(audio+ book) Pre: 43.72 (5.14) 3 mo: 49.90 (4.6) 6 mo: 43.33 (14.43) G2(audio only) Pre: 42.70 (6.696) 3 mo: 44.0 (4.97) 6 mo: 44.20 (6.16) G3(book only) Pre: 44.50 (4.62) 3 mo: 45.75 (6.27) 6 mo: 43.33 (14.44) G4(UC): Pre: 44.61 (6.47) 3 mo: 44.67 (6.82) 6 mo: 45.27 (5.57) Pre-3: G4 vs. G2	NA	NA	NA	NA	NA

First author's last name	Year	Trial name (if applicable)	Morbidity Outcome 3	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 4	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
							p = .8 G4 vs. G1 p = .6 G4 vs. G3 p = .3 Pre-6 G4 vs. G3 p = .2 G4 vs. G2 p = .4 G4 vs. G1 p = .8					
Schneider et al., 2008 <sup>46</sup>		NA	Occurrence of angina	6 and 12 months for the past 6 months	Medical chart review	G1: 47 G2: 38	G1: N-R G2: N-R 95% CI: N-R P: N-R Numbers not reported, but results were not significant	Occurrence of MI	6 and 12 months for the past 6 months	Medical chart review	G1: 47 G2: 38	G1: N-R G2: N-R 95% CI: N-R P: N-R Numbers not reported, but results were not significant
Wilson et al., 2010 <sup>61</sup>		Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	Change in Asthma control;	measured baseline and at FU year 1; measured for the preceding 4 weeks and reported as change in ATAQ score	Asthma Therapy Assessment Questionnaire (ATAQ); 4-item scale.	G1: 182 G2: 180 G3: 189	Change in ATAQ score G1: -.80 G2: -.54 G3: -.46 ATAQ =0 (no asthma control problems) G1:G3 OR: 1.9 95%CI: 1.3-2.9 P=0.002 G2:G3 OR: 1.6 95%CI: 1.1-2.4 P=0.0239	NA	NA	NA	NA	NA

Table D19. Morbidity Outcomes 5-6

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Morbidity Outcome 6	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Year	Trial name (if applicable)									
	Janson et al., 2003 <sup>19</sup> NA	Tryptase at week 7; between group difference in change from baseline to final visit at week 7 (95% CI)	sputum sample	G1: 31 G2: 31	G1: 5 (9) G2: 3 (5) Between group differences: -4 (-9 to 2), p=0.17	Eosinophils (%) at week 7; between group difference in change from baseline to final visit at week 7 (95% CI)	collected at week 1, week 2, and week 7	sputum sample	G1: 33 G2: 32	G1: 2 (2) G2: 7 (12) Between group differences: -5 (-8 to -1), p=0.02
	Janson et al., 2009 <sup>20</sup> NA	Frequency of nighttime awakenings	rated in subject-maintained diaries	G1: 45 G2: 39	Odds ratios T0-T1: G1: 0.2 G2: 0.7 P: 0.13 T1-T2: G1: 0.7 G2: 1.2 P: 0.45 T0-T2: G1: 0.2 G2: 0.8 P: 0.03	NA	NA	NA	NA	NA
	Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education and Social Support (CaRESS)	SF-36 Mental composite score	SF-36 Health Survey	Baseline G1 + G2: 107 G3: 88 Midpoi	Baseline G1 + G2: 46.8 G3: 46.8 95% CI: NR P: 0.9779 (unadjusted), NA (adjusted)	NA	NA	NA	NA	NA

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)								
Year										
Trial name (if applicable)	Morbidity Outcome 5		Data source	N	Results	Morbidity Outcome 6	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Trial				nt G1 + G2: 84 G3: 74 Endpoi nt G1 + G2: 74 G3: 72	Midpoint G1 + G2: 42.7 G3: 40.1 95% CI: NR P: 0.2666 (unadjusted), 0.2187 (adjusted) Endpoint G1 + G2: 45.7 G3: 47.9 95% CI: NR P: 0.5200 (unadjusted), 0.2916 (adjusted)					
Schneider et al., 2008 <sup>46</sup> N-A	Occurrence of stroke	6 and 12 months for the past 6 months	Medical chart review	G1: 47 G2: 38	G1: N-R G2: N-R 95% CI: N-R P: N-R Numbers not reported, but results were not significant	Reduced Blood Pressure – DBP	6 and 12 months	Medical chart review	G1: 47 G2: 38	% of patients with reduced blood pressure (DBP) At 6 months: G1: 46.7 G2: 37.1 At 12 months: G1: 48.0 G2: 18.2 P = 0.031

Table D20. Morbidity Outcome 7

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			
Year	Morbidity Outcome 7		Data source	N	Results
Janson et al., 2003 <sup>19</sup> NA	Eosinophils (%) at week 7; between group difference in change from baseline to final visit at week 7 (95% CI)	collected at week 1, week 2, and week 7	sputum sample	G1: 33 G2: 32	G1: 2 (2) G2: 7 (12) Between group differences: -5 (-8 to -1), p= 0.02
Schneider et al., 2008 <sup>46</sup> NA	Reduced Blood Pressure - DBP	6 and 12 months	Medical chart review	G1: 47 G2: 38	% of patients with reduced blood pressure (SBP) At 6 months: G1: 48.9 G2: 62.9 At 12 months: G1: 46.0 G2: 40.9

Table D21. Patient Satisfaction Outcomes 1-2

First author's last name	Year	Trial name (if applicable)	Patient satisfaction 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Patient satisfaction 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Katon et al., 1995 <sup>23</sup> NA			% of patients rating quality of depression care as good to excellent	baseline, 4 months	self-report	Major depression group N=91  Minor depression group N=126	Major depression group G1: 93.0 G2: 75.0 95% CI: NR P: <0.03  Minor depression group G1: 94.4 G2: 89.3 95% CI: NR P: 0.30	% of patients reporting antidepressant meds as helping somewhat to a great deal	baseline, 4 months	self-report	Major depression group N=91  Minor depression group N=126	Major depression group G1: 88.1 G2: 63.3 95% CI: NR P: <0.01  Minor depression group G1: 81.8 G2: 61.4 95% CI: NR P: <0.02
Katon et al., 1996 <sup>24</sup> NA			% Rating the quality of care good or excellent	4-month follow up	questionnaire	<see previous notes>>	Major Depression Group G1: 88.5% G2: 56% P: <0.009  Minor Depression Group G1: 97.1% G2: 71.4% P: 0.003	% Rating antidepressant medication as helping somewhat to a great deal	4-month follow up	questionnaire	<see previous note>>	Major Depression Group G1: 80% G2: 58.3% P: <0.10  Minor Depression Group G1: 94.6% G2: 88.6% P: 0.36
Katon et al., 1999 <sup>25</sup> NA			Percent of patients who rated quality of care received	Measured at 3m, 6m.	Self-report	NR	At 3m: G1: 94.5% G2: 63.9% Chi-square:	NA	NA	NA	NA	NA

First author's last name	Year	Trial name (if applicable)	Patient satisfaction 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Patient satisfaction 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Katon et al., 2002 <sup>26</sup>	NA	for depression as good to excellent	(Reported in 9123)				23.51 P<0.00001					
							At 6m: G1: 79.5% G2: 63.5% Chi-square: 4.21 P: 0.04					
Mann et al., 2010 <sup>32</sup>		The Statin Choice	Decisional Conflict Scale--Informed subscale, with lower scores representing less conflict	Immediately after intervention and control	self-report	G1: NR G2: NR	G1: 27.1 G2: 33.8 95% CI: NR P: 0.02	Decisional Conflict Scale--support subscale, with lower scores representing less conflict	Immediately after intervention and control	self-report	G1: NR G2: NR	G1: 25.2 G2: 29.6 95% CI: NR P: 0.05
Murray et al., 2007 <sup>33</sup>	n/a	Improvement in patient satisfaction with pharmacy services from baseline to 12 months		Timeframe somewhat unclear; Baseline and 12 month values reported, so duration b/t measures 12 mos	Validated questionnaire	G1: NR G2: NR	G1: 1.0 G2: 0.7 95% CI: NR P: 0.022	NA	NA	NA	G1: NA G2: NA	G1: NA G2: NA 95% CI: NA P: NA
Pearce et al., 2008 <sup>36</sup>		Cardiovascular Risk Education	Rating of primary doctor	Twice over a 12-month period, at baseline and endpoint	Patient Healthcare Satisfaction Survey	Baseline G1 + G2: 98 G3: 86 Endpoint	Baseline G1 + G2: 9.3 G3: 9.2 95% CI: NR P (G1 + G2	Rating of overall health care	Twice over a 12-month period, at baseline and endpoint	Patient Healthcare Satisfaction Survey	Baseline G1 + G2: 98 G3: 86 Endpoint G1 + G2: 71	Baseline G1 + G2: 9.3 G3: 9.2 95% CI: NR P (G1 + G2 vs.

First author's last name	Year	Trial name (if applicable)	Patient satisfaction 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Patient satisfaction 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
and Social Support (CaRESS) Trial						G1 + G2: 71 G3: 67	vs. G3): 0.6931 (unadjusted), NA (adjusted) Endpoint G1 + G2: 9.5 G3: 9.3 95% CI: NR P (G1 + G2 vs. G3): 0.0255 (unadjusted), 0.6372 (adjusted)				G3: 67	G3): 0.6931 (unadjusted), NA (adjusted) Endpoint G1 + G2: 8.3 G3: 8.5 95% CI: NR P (G1 + G2 vs. G3): 0.0255 (unadjusted), 0.6709 (adjusted)
Powell et al., 1995 <sup>37</sup> NA		Assessment of videotape intervention	Once in a randomly selected subset of G1 subjects during the study's 4th month	Mailed survey		G1: 84 G2: NA	Very useful (N (%)) G1: 41 (48.8%) G2: NA 95% CI: NR P: NR Somewhat useful (N (%)) G1: 33 (39.3%) G2: NA 95% CI: NR P: NR Neutral (N (%)) G1: 2 (2.4%) G2: NA 95% CI: NR	Would like to receive more educational videotapes	Once in a randomly selected subset of G1 subjects during the study's 4th month	Mailed survey	G1: 97 G2: NA	Yes (N (%)) G1: 66 (68.0%) G2: NA 95% CI: NR P: NR No (N (%)) G1: 16 (16.5%) G2: NA 95% CI: NR P: NR No response (N (%)) G1: 15 (15.5%) G2: NA 95% CI: NR P: NR

First author's last name	Year	Trial name (if applicable)	Patient satisfaction 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Patient satisfaction 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
							P: NR Not useful (N (%)) G1: 8 (9.5%) G2: NA 95% CI: NR P: NR					
Solomon et al., 1998 <sup>51</sup> n/a		Hypertension group: Technical-Professional dimension-"Makes me feel secure about taking my medications" (item1 )	One measurement at final visit	Pharmaceutical Care Questionnaire (PCQ)- Likert scale of 1 (strongly agree) to 5 (strongly disagree)		G1: 62 G2: 68	G1: 1.39 (0.49 SD) G2: 1.69 (0.68 SD) 95% CI: NR P: 0.004	Hypertension group: Knowledge dimension-"Helps me understand my illness" (item 2)	One measurement at final visit	Pharmaceutical Care Questionnaire (PCQ)- Likert scale of 1 (strongly agree) to 5 (strongly disagree)	G1: 62 G2: 68	G1:1.45 (0.59 SD) G2: 1.84 (0.77 SD) 95% CI: NR P: 0.002
Waalén et al., 2009 <sup>56</sup> NA		Overall my treatment for osteoporosis has been a good experience	measured at 1 year and 30 days after study entry	self-report		G1: 68 G2: 58	All/most of the time G1: 85.3 G2: 89.7 95% CI: P:  Some of the time G1: 5.9 G2: 0 95% CI: P:  A little / none of the time	NA	NA	NA	NA	NA

First author's last name	Year	Trial name (if applicable)	Patient satisfaction 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Patient satisfaction 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
							G1: 8.8 G2: 10.3 95% CI: P:					
							Overall P: 0.17					
Weymiller et al., 2007 <sup>58</sup>		Statin Choice Randomized Trial	Acceptable amount of information	Once immediately after the intervention	Self-administered written questionnaire (7-point Likert scale question)	G1: 26 G2: 26 G3: 23 G4: 23	N (%) responding 6 or 7 of 7 G1: 23 (88%) G2: 23 (92%) G3: 16 (70%) G4: 17 (74%) 95% CI: NR P: NR	Acceptable clarity of information	Once immediately after the intervention	Self-administered written questionnaire (7-point Likert scale question)	G1: 26 G2: 26 G3: 23 G4: 23	N (%) responding 6 or 7 of 7 G1: 19 (73%) G2: 13 (52%) G3: 12 (52%) G4: 12 (52%) 95% CI: NR P: NR
Jones et al., 2009 <sup>59</sup>		Statin Choice Randomized Trial				G1: 26 G2: 26 G3: 23 G4: 23	Odds ratio for decision aid (G1 & G2) vs. control (G3 & G4) = 3.4 95% CI: 1.7-6.7 P: NR				G1: 26 G2: 26 G3: 23 G4: 23	Odds ratio for decision aid (G1 & G2) vs. control (G3 & G4) = 1.6 95% CI: 0.8-3.2 P: NR
							Mean (95% CI) G1: 7.0 (6-7) G2: 7.0 (6-7) G3: 7.0 (5-7) G4: 7.0 (5-7) 95% CI: NR P: NR					Mean (95% CI) G1: 6.0 (5-7) G2: 6.5 (5-7) G3: 6.0 (4-7) G4: 6.0 (4-6) 95% CI: NR P: NR

First author's last name	Year	Trial name (if applicable)	Patient satisfaction 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Patient satisfaction 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Wilson et al., 2010 <sup>61</sup>		Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	Patient-Perceived Roles in Treatment Decision Making - patient vs. asthma care manager; only those in SDM and CDM but not UC	once following session 1; reported as mean rating of involvement on 5-point scale	survey - mailed in post cards	G1: 182 G2: 180	G1: 3.1 +/- .06 G2: 2.5 +/- .09 P: , 0.0001	NA	NA	NA	NA	NA

**Table D22. Patient Satisfaction Outcomes 3-4**

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)					Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)				
Year	Trial name (if applicable)	Patient satisfaction 3	Data source	N	Results	Patient satisfaction 4		Data source	N	Results	
	Mann et al., 2010 <sup>32</sup> The Statin Choice	Full decisional conflict scale	Self-report	NR	G1: 25.5 G2: 28.5 95% CI: NR P: 0.1	NA	NA	NA	NA	NA	
	Solomon et al., 1998 <sup>51</sup> n/a	Answer to Pharmaceutical Care Questionnaire (PCQ) item 6 that intervention pharmacist: "Should give more complete explanation about my medications"; Likert scale of 1 (strongly agree) to 5 (strongly disagree)	Visit 5, at between 4 and 6 months	Self-report by patient G1: 62 G2: 68	Mean (SD) G1 4.16 (0.93) G2 3.81 (1.03) 95% CI: NR p = 0.042	NA	NA	NA	NA	NA	
	Gourley et al., 1998 <sup>52</sup> NA										
	Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized Trial	Acceptable helpfulness of information	Once immediately after the intervention	Self-administered written questionnaire (7-point Likert scale question)	G1: 26 G2: 26 G3: 23 G4: 23  G1: 26 G2: 26 G3: 23 G4: 23	N (%) responding 6 or 7 of 7 G1: 18 (69%) G2: 12 (48%) G3: 8 (35%) G4: 10 (43%) 95% CI: NR P: NR Odds ratio for decision aid (G1 & G2) vs.	Would recommend to others deciding on statins	Once immediately after the intervention	Self-administered written questionnaire (7-point Likert scale question)	G1: 26 G2: 26 G3: 23 G4: 23  G1: 26 G2: 26 G3: 23 G4: 23	N (%) responding 6 or 7 of 7 G1: 21 (84%) G2: 16 (64%) G3: 13 (57%) G4: 11 (50%) 95% CI: NR P: NR Odds ratio for decision aid (G1 & G2) vs.

First author's last name	Year	Trial name (if applicable)	Patient satisfaction	3	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Patient satisfaction	4	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
								control (G3 & G4) = 2.3 95% CI: 1.4-3.8 P: NR  Mean (95% CI) G1: 5.0 (4-7) G2: 7.0 (5-7) G3: 5.0 (4-7) G4: 5.0 (4-7) 95% CI: NR P: NR			control (G3 & G4) = 2.6 95% CI: 0.8-8.0 P: NR  Mean (95% CI) G1: 6.0 (4-7) G2: 7.0 (7-7) G3: 5.5 (4-7) G4: 6.0 (5-7) 95% CI: NR P: NR			

Table D23. Patient Satisfaction Outcomes 5-6

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Patient satisfaction 5	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Patient satisfaction 6	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Patient satisfaction 6	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Patient satisfaction 6	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Patient satisfaction 6
Trial name (if applicable)	Year										
Weymiller et al., 2007 <sup>58</sup>	2007	Once immediately after the intervention	Self-administered written questionnaire (7-point Likert scale question)	N (%)	Overall acceptability	Once immediately after the intervention	Overall acceptability	Once immediately after the intervention	Overall acceptability	Once immediately after the intervention	Overall acceptability
Statin Choice Randomized Trial				G1: 26 G2: 26 G3: 26 G4: 23	responding 6 or 7 of 7 G1: 18 (72%) G2: 16 (64%) G3: 14 (61%) G4: 12 (55%) 95% CI: NR P: NR						
Jones et al., 2009 <sup>59</sup>	2009			G1: 26 G2: 26 G3: 23 G4: 23	Odds ratio for decision aid (G1 & G2) vs. control (G3 & G4) = 1.5 95% CI: 0.6-3.8 P: NR						
Statin Choice Randomized Trial				G1: 26 G2: 26 G3: 23 G4: 23	Mean (95% CI) G1: 6.0 (4-7) G2: 7.0 (5-7) G3: 6.0 (4-7) G4: 6.0 (4-7) 95% CI: NR P: NR						

Table D24. Quality of Life Outcomes 1-2

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)		Quality of life 2		Quality of life 1		Quality of life 2	
Trial name (if applicable)	Year	Quality of life 1	Data source	N	Results	Quality of life 2	Quality of life 1	Data source	N	Results	Quality of life 2
Bender et al., 2010 <sup>1</sup> NA		Asthma quality of life questionnaire - Total; higher scores indicate better quality of life	Asthma quality of life questionnaire (AQLQ)	G1: 25 G2: 25	Mean change in AQLQ scores G1: 0.152 (0.92) G2: 0.381 (1.06) 95% CI: P: .419	NA	NA	NA	NA	NA	NA
Janson et al., 2009 <sup>20</sup> NA		Mean change in Quality of life score (range 0-80; lower scores mean higher quality): During intervention (T0-T1), following intervention (T1-T2), and for entire study duration (T0-T2)	validated self-completed questionnaire	G1: 45 G2: 39	T0-T1 G1: -2.71 G2: -1.39 P: 0.36  T1-T2 G1: -1.11 G2: 0.58 95% CI: P: .27  T0-T2: G1: -3.82 G2: -0.80 P: 0.06	NA	NA	NA	NA	NA	NA
Janson et al., 2003 <sup>19</sup> NA		Quality of life at week 7; between group difference in	questionnaire	G1: 33 G2: 32	G1: 17 (9) G2: 19 (13) Between group difference: -	NA	NA	NA	NA	NA	NA

First author's last name	Year	Trial name (if applicable)	Quality of life 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Quality of life 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
			change from baseline to final visit at week 7 (95% CI)				4.4 (-9 to 0.2), p=0.06					
Murray et al., 2007 <sup>33</sup> n/a		Improved Disease-specific QOL from baseline to 6 months	Timeframe unclear; measured at baseline and 6 months; 6 mos b/t measures	CHF questionnaire	G1: NR G2: NR		G1: 0.28 G2: 0.21 95% CI: NR P: 0.52	Improved Disease-specific QOL from baseline to 12 months	Timeframe unclear; measured at baseline and 6 months; 6 mos b/t measures	CHF questionnaire	G1: NR G2: NR	G1: 0.39 G2: 0.24 95% CI: NR P: 0.21
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline		Asthma-related quality of life survey results - consists of five-item Symptom Subscale of the Juniper Mini Asthma Questionnaire	administered at self-report baseline and end of follow-up year 1; questions refer to previous 2 weeks; data reported as mean symptom subscale scores		G1: 182 G2: 180 G3: 189		G1: 5.5 G3: 5.1; P= 0.0003 G1: 5.5 G2: 5.4 P: >.05 G2: 5.4 G3: 5.1 P: .0009	NA	NA	NA	NA	NA

Table D25. Health Utilization Outcomes 1-2

First author's last name	Year	Trial name (if applicable)	Health utilization 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Health utilization 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Janson et al., 2009 <sup>20</sup> NA		Beta-agonist use, During intervention(T 0-T1), following intervention (T1-T2), and for entire study duration (T0-T2)	collected once at the end of each time period, reported as incidence rate ratios	NR	G1: 45 G2: 39		T0-T1: G1: 0.6 G2: 0.8 P: 0.01  T1-T2: G1: 0.5 G2: 0.5 P: 0.98  T0-T2: G1: 0.3 G2: 0.4 P: 0.3	NA	NA	NA	NA	NA
Katon et al. (continued), 1996 <sup>24</sup> NA		Visits with primary care physician	6-month period after the primary care referral visit	medical records	<<see previous note>>		mean (SD) G1: 4.6 (2.6) G2: 4.1 (2) P: 0.19	NA	NA	NA	NA	NA
Katon et al., 1999 <sup>25</sup> NA		Mean number of visits with primary care providers	Measured at 12 weeks & 6 months	Not indicated; likely to be documented study managers or psychiatrist	NR		Mean (SD)at 12 weeks G1: 1.6 (1.8) G2: 1.8 (1.8) Chi-square: 1.46 P: 0.23 At 6m G1: 3.4 (4.3) G2: 3.3 (3.1) Chi-square: 0.35 P: 0.55	Percentage seen at least once by a non-study mental health specialist in group-model HMO	Measured at 12-weeks & 6 months	Not indicated; likely to be self-report	NR	At 12-wks: G1: 17.5% G2: 24.6% Chi-square: 1.29 P: 0.26 At 6-mos.G1: 24.6% G2:27.2% Chi-square: 0.09 P: 0.76
Katon et al., 2002 <sup>26</sup> NA		(Reported in 9123)						(Reported in 9123)				

First author's last name	Year	Trial name (if applicable)	Health utilization 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Health utilization 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Katon et al., 1995 <sup>23</sup> NA			Primary care physician visits for depression (non-study visits)  Intervention patients: Number of study visits for collaborative care intervention	1-year period beginning with the primary care referral visit	HMO medical records	G1: 108 G2: 109	Mean number of visits (SD): G1: 4.5 (3.7) G2: 3.7 (2.4)  Intervention: (N=G1=108) Mean # study visits (SD) 3.9 (2.5)	Seen by a mental health specialist  Seen by a psychiatrist	NA	HMO medical records	G1: 108 G2: 109	Number (percent): G1: 30 (27%) G2: 34 (31%)  Psychiatrist: G1: 3 (3%) G2: 11 (10%)
Katon et al., 1996 <sup>24</sup> NA			Seen by mental health specialist	First 12 weeks after the primary care referral visit 6-month period after primary care referral visit	medical records	<<see previous note>>	% seen by mental health specialist (first 12 weeks) G1: 20% G2: 29% P: 0.21%  seen by mental health specialist (first 6 months) G1: 24% G2: 33% P: 0.21	Visits with primary care physician	first 12 weeks of treatment	medical records	<<see previous note>>	mean (SD) G1: 3.1 (1.7) G2: 2.9 (1.4) P: 0.30
Murray et al. (continued), 2007 <sup>33</sup> n/a			All-cause Hospitalizations	Timeframe: 30 days. Assessed via monthly telephone interviews x 12	Ascertained through monthly interviews, confirmed	G1: 122 G2: 192	G1: 0.78 mean (1.66 SD), 0 median G2: 0.97	Cardiovascular-related combined ED visits and hospitalization	Timeframe: 30 days. Assessed via monthly telephone interviews x 12	Ascertained through monthly interviews, confirmed	G1: 122 G2: 192	G1: 0.61 mean (1.72 SD) G2: 0.67 mean (1.95)

First author's last name	Year	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Health utilization 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
			(?) by medical record review by an RN		mean (1.78 SD), 0 median IRR 0.81 (95% CI: 0.64-1.04) P: NR	s		(?) by medical record review by an RN		SD) IRR 0.96 (95% CI 0.48-1.91) P: NR
Murray et al., 2007 <sup>33</sup> n/a	Combined all-cause ED visits and Hospitalizations	Timeframe: 30 days. Assessed via monthly telephone interviews x 12	Ascertained through monthly interviews, confirmed (?) by medical record review by an RN	G1: 122 G2: 192	G1: 2.94 mean (4.69 SD), 1 median G2: 3.65 mean (6.26 SD), 1.5 median IRR 0.82 (95% CI 0.72-0.93) P: NR	All-cause Emergency Department Visits	Timeframe: 30 days. Assessed via monthly telephone interviews x 12	Ascertained through monthly interviews, confirmed (?) by medical record review by an RN	G1: 122 G2: 192	G1: 2.16 mean (3.31 SD), 1 median G2: 2.68 mean (4.87 SD), 1 median IRR 0.82 (95% CI 0.70-0.95) P: NR
Rich et al., 1996 <sup>39</sup> NA	Number of patients having readmissions	Measured during 90 days following discharge	NR	G1: 80 G2: 76	G1: 18 (22.5%) G2: 22 (28.9%) 95% CI: NR P: NS, No # given.	Number of readmissions	Measured during 90 days following discharge	NR	G1: 80 G2: 76	G1: 22 G2: 31 95% CI: NR P: NS, no # given
Ross et al., 2004 <sup>41</sup> NR	Number of patients with hospitalizations (%); Number of hospitalizations	NR	chart review	G1: NR G2: NR	Number of pts G1: 11 (20%) G2: 12 (23%) 95% CI: NR P: 0.81; Number of hospitalization	Number of patients with ER visits (%); Number of ER visits	NR	chart review	G1: NR G2: NR	Number of pts: G1: 11 (20%) G2: 7 (13%) 95% CI: NR P: 0.44; Number of

First author's last name	Year	Trial name (if applicable)	Health utilization 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Health utilization 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
							s G1: 22 G2: 21 95% CI: NR P: 1.00					visits: G1: 20 G2: 8 95% CI: NR P: 0.03** more in interventions grp
Rudd et al., 2004 <sup>42</sup> NA		Number of medication changes over 6 months in each group	NR	NR	NR		G1: 223 (6 SD) G2: 52 (1 SD) 95% CI: NR P: <0.01	NA	NA	NA	NA	NA
Schneider et al., 2008 <sup>46</sup> NA		Emergency department visits and hospitalizations	6 and 12 months for the past 6 months	Medical chart review	G1: 47 G2: 38		G1: N-R G2: N-R 95% CI: N-R P: N-R Numbers not reported, but results were not significant	NA	NA	NA	NA	NA
Solomon et al., 1998 <sup>51</sup> n/a		Hypertension group: Emergency room visits in 4 weeks prior, compared between groups	Visit 5, at between 4 and 6 months	Self-report by patient	G1: 63 G2: 61		G1: 0.05 (0.22 SD) G2: 0.13 (0.39 SD) 95% CI: NR P: NR	Hypertension group: hospitalizations in 4 weeks prior, compared between groups	Visit 5, at between 4 and 6 months	Self-report by patient	G1: 63 G2: 61	G1: 0.02 (0.13 SD) G2: 0.10 (0.35 SD) 95% CI: NR P: <0.05 (one-tailed)
Gourley et al., 1998 <sup>52</sup> NA												
Weymiller et al., 2007 <sup>58</sup> Statin Choice Randomized		Statin therapy start among those not already	Twice, immediately after clinician visits & during 3	Self-report	G1: 23 G2: 19		Baseline (N (%)) G1: 7 (30%) G2: 4 (21%)	Total statin therapy usage at follow-up	Once, at 3 month follow-up	Self-report	G1: 52 G2: 46	N (%) G1: 33 (63%) G2: 29 (63%) 95% CI: NR

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)		Data source	N	Results	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)		Data source	N	Results
Trial name (if applicable)	Health utilization 1						Health utilization 2				
Trial	receiving it	month follow-up				95% CI: NR P: NR Follow-up (N (%)) G1: 9 (39%) G2: 6 (32%) 95% CI: NR P: NR Odds ratio: 1.5 95% CI: 0.3-6.8 P: NR					P: NR Odds ratio: 1.4 95% CI: 0.8-2.4 P: NR
Jones et al., 2009 <sup>59</sup> Statin Choice Randomized Trial											
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	average asthma related visits per year	measured once at end of year 1, includes entire year	electronic records from KP	G1: 204 G2: 204 G3: 204		G1: 1.0/yr G3: 1.4/yr Group differences:-0.36 95%CI: -0.66 to -0.07 P= 0.0161  G1:1.0/yr G2:1.1/yr Group differences: 0.01 95%CI: -0.29to 0.30 P: =.97  G2: 1.1/yr G3: 1.4/yr	SABA use; year 1 data reported as mean equivalents acquired	year 1	electronic pharm data	G1: 182 G2: 180 G3: 189	G1: 6.5 G3:8.1 P= 0.002  G1: 6.5 G2: 7.1 P: 0.09  G2: 7.1 G3:8.1 P: 0.038

First author's last name	Year	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Health utilization 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
					Group differences: -0.37 95%CI: -0.67 to -0.07 P: 0.0147					

Table D26. Health Utilization Outcomes 3

First author's last name					
Year	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)				
Trial name (if applicable)	Health utilization 3		Data source	N	Results
Katon et al., 1999 <sup>25</sup> NA	Mean number of visits to a non-study mental health specialist in group-model HMO	Measured at 12-weeks & 6 months	Not indicated; likely to be self-report	NR	At 12-wks: G1: 0.6 (1.7) G2: 0.8 (1.9) P: 0.34
Katon et al., 2002 <sup>26</sup> NA	(Reported in 9123)				At 6-mos. G1: 1.3 (2.9) G2: 1.3 (2.9) P: 0.85
Katon et al., 1996 <sup>24</sup> NA	Visits with primary care physician	6-month period after the primary care referral visit	Medical records	<<see previous note>>	Mean (SD) G1: 4.6 (2.6) G2: 4.1 (2) P: 0.19
Murray et al., 2007 <sup>33</sup> n/a	Heart failure-related combined ED visits and hospitalizations	Timeframe: 30 days. Assessed via monthly telephone interviews x 12	Ascertained through monthly interviews, confirmed (?) by medical record review by an RN	G1: 122 G2: 192	G1: 0.40 mean (1.47 SD) G2: 0.44 mean (1.79 SD) IRR 1.00 (95% CI 0.36-2.77) P: NR
Rich et al., 1996 <sup>39</sup> NA	Days of hospitalization from readmissions	Measured during 90 days following discharge	NR	G1: 80 G2: 76	G1: 188 G2: 258 95% CI: NR P: NS, no # given
Ross et al., 2004 <sup>41</sup> NR	Number of patients with heart failure practice visits (%); Number of heart failure practice visits	NR	Chart review	G1: NR G2: NR	Number of pts: G1: 50 (93%) G2: 49 (92%) 95% CI: NR P: 1.00; Number of visits: G1: 324 G2: 325 95% CI: NR P: 0.66
Solomon et al., 1998 <sup>51</sup> n/a	Hypertension group: contacts with "other healthcare providers" (MD, NP, PA or RN) in 4 weeks	Visit 5, at between 4 and 6 months	Self-report by patient	G1: 63 G2: 61	G1: 0.59 (0.78 SD) G2: 1.0 (0.82 SD) 95% CI: NR

First author's last name					
Year		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)		Data source	
Trial name (if applicable)		Health utilization 3		N	Results
Gourley et al., 1998 <sup>52</sup> NA		prior, compared between groups			P: <0.05 (one-tailed)
Wilson et al., 2010 <sup>61</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline		SABA use; data reported as mean equivalents acquired	Year 2	Electronic pharm data G1: 182 G2: 180 G3: 189	G1: 4.7 G3: 6.3 P= 0.0141  G1: 4.7 G2: 6.0 P: 0.06  G2: 6.0 G3: 6.3 P: >0.05

Table D27. Costs Outcomes 1-2

First author's last name	Year	Trial name (if applicable)	Costs 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Costs 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Katon et al., 1999 <sup>25</sup> NA			Depression treatment costs; and non-depression-related outpatient costs	36 months; 6 months prior to randomization and 30 months after randomization	Health plan computerized data	G1: 95 G2: 92	Depression Unclear whether costs refer to outpatient only or total costs. (Reported in F(1,173): 2.65 P: 0.10 (Due to the increased costs of longer-term use of SSRIs) Non-depression outpatient costs mean (95% CI) G1: \$6769 (5351-8188) G2: \$5470 (4431-6510) F(1,180): 0.11 P: 0.74	Total ambulatory costs; and Total Health care costs (Reported in F(1,173): 2.65 P: 0.10)	36 months; 6 months prior to randomization and 30 months after randomization	Health plan computerized data	G1: 95 G2: 92	Amb. costs mean (95% CI) G1: \$8524 (5059-8188) G2: \$7787 (6595-8980) F(1,180): 0.77 P: 0.40  Total healthcare costs mean (95% CI): G1: \$9799 (7763-11834) G2: 9192 (7504-10880) F(1,180)=0.91 P = 0.34
Murray et al. (continued), 2007 <sup>33</sup> n/a			Total costs (inpatient and outpatient)	NR	Fixed costs: based on training intervention pharmacist, material development	G1: 122 G2: 192	G1: \$ 11034 mean (17211 SD) G2: \$ 14199 (23672) Difference: - 3165 (95% CI	NA	NA	NA	NA	NA

First author's last name		Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)				Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)				
Year										
Trial name (if applicable)	Costs 1		Data source	N	Results	Costs 2		Data source	N	Results
			, programming and equipment. Variable costs: based on time spent by pharmacist delivering intervention, time spent by MDs speaking with pharmacists about intervention group pts, costs of written materials. Time spent obtained by direct observation of pharmacist servicing pts at random 3-4 hr intervals		-7800 to 1138) P: NR					
Murray et al., 2007 <sup>33</sup>	Inpatient healthcare	NR	Fixed costs: based on	G1: 122 G2: 192	G1: \$ 5550 mean (13847	Outpatient healthcare	Unclear	Fixed costs: based on	G1: 122 G2: 192	G1: \$ 5483 mean (6434

First author's last name	Year	Trial name (if applicable)	Costs 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Costs 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
n/a			costs	training intervention pharmacist, material development, programming and equipment. Variable costs: based on time spent by pharmacist delivering intervention, time spent by MDs speaking with pharmacists about intervention group pts, costs of written materials. Time spent obtained by direct observation of pharmacist			SD) G2: \$ 7827 (20413) Difference: - 2277 (95% CI -6329 to 1225) P: NR	costs		training intervention pharmacist, material development, programming and equipment. Variable costs: based on time spent by pharmacist delivering intervention, time spent by MDs speaking with pharmacists about intervention group pts, costs of written materials. Time spent obtained by direct observation of pharmacist		SD) G2: \$6373 (6501) Difference: - 886 (95% CI - 2289 to 660) P: NR

First author's last name	Year	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Costs 1	Costs 2	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
			servicing pts at random 3-4 hr intervals						servicing pts at random 3-4 hr intervals		

Table D28. Adverse Event Outcomes 1

First author's last name	Year	Trial name (if applicable)	Adverse events 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Did the intervention(s) result in worsened health or other outcomes? If so, list worsened outcomes here
Carter et al., 2009 <sup>10</sup>	NA		Mean total adverse effect score	Measured twice, once at baseline & once at 6 month follow-up	Adverse event questionnaire with 47 items, developed for another study & personally administered by study nurses	G1: 192 G2: 210	Baseline (Mean (SD)) G1: 28.0 (23.0) G2: 42.1 (24.2) 95% CI: NR P: <0.001 6 month follow-up (Mean (SD)) G1: 16.6 (12.5) G2: 39.2 (24.2) 95% CI: NR P: <0.001  Between group difference at 6 months p < 0.001. However, this does not adjust for difference at baseline.	No
Murray et al., 2007 <sup>33</sup>	n/a		Number of adverse drug events or medication errors	NR	Measured using a program that identified adverse events from the medical record system	G1: 112 (unclear why different from 122 for every other outcome) G2: 192	G1: 42 (37.5%) G2: 91 (47.4%) 95% CI: NR P: Chi-sq 0.094; between-group rate comparison 0.108	No
Schectman et al., 1994 <sup>45</sup>	NA		Proportion of patients reporting of adverse events associated with medications at 2 months	2 months; measured at 2, 4, and 6 months though only 2 month results reported	Self-report to clinic staff	Niacin: G1: 40 G2: 40  BAS: G1: 18 G2: 20	Niacin: flushing, pruritus, rash, heartburn (%) G1: 70, 32, 15, 9 G2: 63, 29, 12, 5 95%CI: NR p: NS, no number given  BAS: constipation, bloating, flatulence, heartburn (%) G1: 44, 23, 19, 15	No

First author's last name	Year	Trial name (if applicable)	Adverse events 1	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results	Did the intervention(s) result in worsened health or other outcomes? If so, list worsened outcomes here
							G2: 26, 22, 11, 11 95% CI: NR p: NS, no number given	
Weymiller et al., 2007 <sup>58</sup>		Statin Choice Randomized Trial	Termination of statin use due to associated adverse events	NR	Clinician assessment	G1: 52 G2: 46	G1: 0 G2: 2 95% CI: NR P: NR	No
Jones et al., 2009 <sup>59</sup>		Statin Choice Randomized Trial						

**Table D29. Other Subgroup Outcomes 1**

First author's last name	Year	Trial name (if applicable)	Subgroup	Outcome 1 for subgroup	Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)	Data source	N	Results
Bogner et al., 2008 <sup>4</sup> NA			Depression and hypertension	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Bogner et al., 2010 <sup>5</sup> NA			African American primary care patients (entire sample)	Depressive symptoms	2 times, once at baseline and once at 12 weeks	Center for Epidemiologic Studies Depression Scale (CES-D)	G1: 29 G2: 29	Baseline G1: Mean (SD) = 15.6 (11.7) G2: Mean (SD) = 19.7 (16.7) 95% CI: NR P: 0.47 Endpoint G1: Mean (SD) = 9.6 (9.4) G2: Mean (SD) = 16.6 (14.5) 95% CI: NR P: 0.035
Fulmer et al., 1999 <sup>14</sup> NA			Elderly	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Katon et al., 1995 <sup>23</sup> NA			Major depression	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Katon et al., 1996 <sup>24</sup> NA			Major depression	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Katon et al., 1999 <sup>25</sup> NA			Moderate severity of depression	Depression severity and functional impairment in patients with moderate-severity depression at baseline	Measured at 1, 3, 6, and 28 months; analysis at 28 months	SCL Depression scale (for depression severity); Sheehan disability score (for functional impairment)	G1: NR G2: NR	Depression severity: ANCOVA: F(1,187) = 8.65 Adjusted mean, (SD): G1: 1.23, (0.62) G2: 0.88, (0.52) P: 0.004
Katon et al., 2002 <sup>26</sup> NA			(Reported in 3169)					Sheehan Disability Score

First author's last name			Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			
Year						
Trial name (if applicable)	Subgroup	Outcome 1 for subgroup		Data source	N	Results
						ANCOVA: F(1.87) = 1.21 Adjusted mean, (SD): G1: 3.09, (2.30) G2: 3.58, (2.37) P: 0.27
Lee et al. (continued), 2006 <sup>30</sup> FAME	Patients with drug-treated hypertension	Drug treated hypertension patients only: Difference in Diastolic BP at 14 months (95% CI)	Difference between SBP values at 14 months and at 2 months; frequency = 2 measurements; duration between measures = 12 months	Clinical pharmacist measurement	G1: 73 G2: 62	G1: -2.5 (-4.9 to -0.2) G2: -1.2 (-3.7 to 1.2) 95% CI: NR P: 0.39
Lee et al., 2006 <sup>30</sup> FAME	Patients with drug-treated hypertension	Drug treated hypertension patients only: Systolic BP at 14 months, mean (SD)	At 14 months; 1 time measure for this outcome (avg of 2nd and 3rd BP measurements from that visit)	Clinical pharmacist measurement	G1: 73 G2: 62	G1: 124.4 (14.0) G2: 133.3 (21.5) 95% CI: NR P: 0.005
Lin et al., 2006 <sup>31</sup> NA	Depression and diabetes	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Rich et al., 1996 <sup>39</sup> NA	Elderly (≥70 years of age)	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Schneider et al., 2008 <sup>46</sup> NA	Elderly, i.e., ≥65 years of age (entire sample)	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction

Table D30. Other Subgroup Outcome 2

First author's last name			Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			
Year						
Trial name (if applicable)	Subgroup	Outcome 2 for subgroup		Data source	N	Results
Bogner et al., 2008 <sup>4</sup> NA	Depression and hypertension	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Bogner et al., 2010 <sup>5</sup> NA	African American primary care patients	A1C/Blood glycemic control	2 times, at baseline and 12 weeks	A1C assays	G1: 29 G2: 29	Baseline (%) G1: Mean (SD) = 7.3 (2.3) G2: Mean (SD) = 7.3 (2.0) 95% CI: NR P: 0.70 Endpoint (%) G1: Mean (SD) = 6.7 (2.3) G2: Mean (SD) = 7.9 (2.6) 95% CI: NR P: 0.019
Fulmer et al., 1999 <sup>14</sup> NA	Elderly	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Katon et al., 1995 <sup>23</sup> NA	Major depression	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Katon et al., 1996 <sup>24</sup> NA	Major depression	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Katon et al., 1999 <sup>25</sup> NA	Severe depression at baseline	Depression severity and functional impairment in patients with Severe depression at baseline	Measured at 1, 3, 6, and 28 months; analysis at 28 months	SCL Depression scale (for depression severity); Sheehan disability score (for functional impairment)	G1: NR G2: NR	Depression severity: ANCOVA: F(1.51)=0.02 Adjusted mean, (SD): G1: 1.16, (0.85) G2: 1.19, (0.72) P: 0.88
Katon et al., 2002 <sup>26</sup> NA	(Reported in 3169)					

First author's last name			Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			
Year						
Trial name (if applicable)	Subgroup	Outcome 2 for subgroup		Data source	N	Results
						Sheehan disability score: ANCOVA: F(1,51) = 0.09 Adjusted mean, (SD): G1: 3.41, (2.61) G2: 3.20, (2.66) P: 0.76
Lee et al. (continued), 2006 <sup>30</sup> FAME	Patients with drug-treated hyperlipidemia	Drug-treated hyperlipidemia patients only: LDL-C at 14 months, mean (SD)	At 14 months; 1 time measure for this outcome	Direct assay measurement	G1: 64 G2: 57	G1: 87.5 (24.2) G2: 88.4 (21.0) 95% CI: NR P: 0.84
Lee et al., 2006 <sup>30</sup> FAME	Patients with drug-treated hypertension	Drug treated hypertension patients only: Difference in Systolic BP at 14 months (95% CI)	Difference between SBP values at 14 months and at 2 months; frequency = 2 measurements; duration between measures = 12 months	Clinical pharmacist measurement	G1: 73 G2: 62	G1: -6.9 (-10.7 to -3.1) G2: -1.0 (-5.9 to 3.9) 95% CI: NR P: 0.04
Lin et al., 2006 <sup>31</sup> NA	Depression and diabetes	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Rich et al., 1996 <sup>39</sup> NA	Elderly (≥70 years of age)	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction
Schneider et al., 2008 <sup>46</sup> NA	Elderly, i.e., ≥65 years of age (entire sample)	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction	See main outcomes abstraction

Table D31. Other Subgroup Outcome 3

First author's last name			Description of Timing of Measurement of Outcome (timeframe of measure; frequency of measure duration between measures)			
Year						
Trial name (if applicable)	Subgroup	Outcome 3 for subgroup		Data source	N	Results
Lee et al., 2006 <sup>30</sup> FAME	Patients with drug-treated hypertension	Drug treated hypertension patients only: Diastolic BP at 14 months, mean (SD)	At 14 months; 1 time measure for this outcome (avg of 2nd and 3rd BP measurements from that visit)	Clinical pharmacist measurement	G1: 73 G2: 62	G1: 67.5 (9.9) G2: 68.6 (10.5) 95% CI: NR P: 0.54
Lee et al. (continued), 2006 <sup>30</sup> FAME	Patients with drug-treated hyperlipidemia	Drug-treated hyperlipidemia patients only: Difference in LDL-C at 14 months, mean (95% CI)	Difference between SBP values at 14 months and at 2 months; frequency = 2 measurements; duration between measures = 12 months	Direct assay measurement	G1: 64 G2: 57	G1: -2.8 (-8.1 to 2.5) G2: -5.8 (-11.0 to -0.6) 95% CI: NR P: 0.85
Solomon et al., 1998 <sup>51</sup> n/a	Hypertension arm only	Systolic BP at T1 comparing Visit 5 intervention and control groups	Baseline	Vital signs measured by pharmacist	G1: 63 G2: 70	G1: 138.5 (13.9) G2: 144.9 (21.3) 95% CI: NR P: 0.044
Gourley et al., 1998 <sup>52</sup> NA						

Table D32. Applicability

First author's last name	Year	Trial name (if applicable)	Is the study population broadly applicable?	Comments (provide details for "no" response in previous column)	Is the intervention broadly applicable?	Comments (provide details for "no" response in previous column)	Is the comparator broadly applicable?	Comments (provide details for "no" response in previous column)	Are the outcomes broadly applicable?	Comments (provide details for "no" response in previous column)
			Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities		Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available		Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy		Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	
Bender et al., 2010 <sup>1</sup> NA			Unclear or NR	small study population and vague exclusion criteria; difficult to assess applicability	Yes	NA	Yes	although with the same caveats described in column F	Yes	NA
Berg et al., 1997 <sup>2</sup> NA			No	Mostly white and insured	Yes	NA	Yes	NA	Yes	NA
Berger et al., 2005 <sup>3</sup> NA			no	Recruitment was stratified by stage of readiness to change, which likely makes the population not representative	Yes		no	No attention-matched control program	Unclear or NR	Insufficient information given about persistence measure
Bogner et al., 2008 <sup>4</sup> NA			Yes	NA	Yes	NA	Yes	NA	Yes	NA
Bogner et al., 2010 <sup>5</sup> NA			Yes	NA	Yes	NA	Yes	NA	Yes	NA
Bosworth et al., 2008 <sup>7</sup> TCYB			No	Population limited to 8 county area; certain co-	Yes	NA	Yes	NA	Yes	NA

First author's last name	Year	Trial name (if applicable)	Is the study population broadly applicable?	Comments (provide details for "no" response in previous column)	Is the intervention broadly applicable?	Comments (provide details for "no" response in previous column)	Is the comparator broadly applicable?	Comments (provide details for "no" response in previous column)	Are the outcomes broadly applicable?	Comments (provide details for "no" response in previous column)
			Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities		Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available		Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy		Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	
Bosworth et al., 2007 <sup>8</sup> TCYB Methods paper				morbidities excluded (i.e., MI, revascularization, stroke, etc.)						
Bosworth et al., 2005 <sup>6</sup> V-STITCH	No		Only veterans at Durham VA hospital	Yes	NA	Yes	NA	Yes	NA	
Capoccia et al., 2004 <sup>9</sup> NA	No		study population consisted primarily of white women	Yes	NA	Yes	NA	Yes		with caveat that outcomes were self-reported
Carter et al., 2009 <sup>10</sup> NA	Yes		The eligible blood pressure ranges required for participation might narrow the sample's generalizability.	Yes		Yes	NA	Yes	NA	
Chernew et al., 2008 <sup>11</sup> NA	Yes			Yes		Yes		Yes		
Choudhry et al., 2010 <sup>12</sup> NA	Yes		NA	Yes	NA	Yes	NA	Yes	NA	

First author's last name	Year	Trial name (if applicable)	Is the study population broadly applicable?	Comments (provide details for "no" response in previous column)	Is the intervention broadly applicable?	Comments (provide details for "no" response in previous column)	Is the comparator broadly applicable?	Comments (provide details for "no" response in previous column)	Are the outcomes broadly applicable?	Comments (provide details for "no" response in previous column)
			Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities		Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available		Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy		Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	
Friedman et al., 1996 <sup>13</sup> NA			Yes	NA	Yes	NA	Yes	NA	Yes	NA
Fulmer et al., 1999 <sup>14</sup> NA			No	Only 10% participation rate	No	Phone intervention would be applicable, but videophone technology is not widely available	Yes		Yes	
Grant et al., 2003 <sup>15</sup> NA			No	One clinic with little ethnic diversity makes this different than overall populations of patients with type 2 diabetes mellitus; Is based in community clinic rather than tertiary care but is academic-	Yes		Yes		Yes	

		<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities		<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available		<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy		<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	
<b>First author's last name</b>	<b>Year</b>	<b>Comments (provide details for "no" response in previous column)</b>		<b>Comments (provide details for "no" response in previous column)</b>		<b>Comments (provide details for "no" response in previous column)</b>		<b>Comments (provide details for "no" response in previous column)</b>	
<b>Trial name (if applicable)</b>									
		affiliated and thus less generalizable							
Guthrie et al., 2001 <sup>16</sup> First Myocardial Infarction (MI) Risk Reduction Program	No	Limited to participants in a registry program who received 2-week supply of pravastatin free	Yes	NA	Yes	NA	No	Short term measure of medication adherence with unvalidated measure	
Hoffman et al., 2003 <sup>17</sup> NA	Yes	NA	Yes	NA	Yes	NA	Yes	Short-term trial (6 months); overall adherence rates since beginning treatment decrease with time, though differences between arm are seen with time	
Hunt et al., 2008 <sup>18</sup> NA	Yes	NA	Yes	NA	Yes	NA	Yes		
Janson et al., 2003 <sup>19</sup> NA	Yes	NA	Yes	NA	Yes	NA	No	The study was only 7 weeks in duration - follow-up may be too short	
Janson et al.,	No	Relatively high	Yes	NA	Yes	NA	Yes	NA	

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
<b>First author's last name</b>								
<b>Year</b>								
<b>Trial name (if applicable)</b>								
2009 <sup>20</sup>		levels of education and employment						
NA								
Johnson et al., 2006 <sup>22</sup>	Yes	NA	Yes	NA	Yes	NA	No	Non-adherence measure contains 5 items: taken less of medication than doctor recommended; taken a break from medication; forgot a dose; taken a dose late or not at all; stopped taking medication because you felt better)
NR								
Johnson et al., 2006 <sup>21</sup>	Yes	NA	Yes	NA	Yes	NA	No	Non-adherence measure contains 5 items: taken less of medication than doctor recommended; taken a break from medication; forgot a dose; taken a dose
NR								

First author's last name	Is the study population broadly applicable? Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	Comments (provide details for "no" response in previous column)	Is the intervention broadly applicable? Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	Comments (provide details for "no" response in previous column)	Is the comparator broadly applicable? Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	Comments (provide details for "no" response in previous column)	Are the outcomes broadly applicable? Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	Comments (provide details for "no" response in previous column) late or not at all; stopped taking medication because you felt better)
Katon et al., 1995 <sup>23</sup> NA	Yes		Yes		No	No attention- control condition	Yes	
Katon et al., 1999 <sup>25</sup> NA	Yes	NA	Yes	NA	Yes	NA	Yes	NA
Katon et al., 2002 <sup>26</sup> NA								
Katon et al., 2001 <sup>27</sup> NA	Yes	NA	Yes	NA	Yes	NA	Yes	NA
Ludman et al., 2003 <sup>28</sup> NA								
Van Korff et al., 2003 <sup>29</sup> NA								

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
<b>First author's last name</b> <b>Year</b> <b>Trial name (if applicable)</b>								
Katon et al., 1996 <sup>24</sup> NA	No	Mostly white and middle class	Yes	Applicable to large health plans that have both primary care and mental health services, not applicable to fee for service or small clinics	Yes	NA	Yes	NA
Lee et al., 2006 <sup>30</sup> FAME	Yes	NA	Yes	NA	Yes	NA	No	Clinical outcomes (BP, LDL-C) are surrogate outcomes; medication adherence outcomes seem applicable
Lin et al., 2006 <sup>31</sup> NA	No	Narrow eligibility criteria and exclusions for those with comorbidities	Unclear or NR	Unsure whether training that intervention nurses	Yes	NA	Yes	NA

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
Mann et al., 2010 <sup>32</sup> The Statin Choice	No	Conducted at one urban minority practice with mostly African American and Latino participants. Thus while good to apply to these patients, may not apply broadly to	Yes	received in depression diagnosis, pharmacotherapy, behavioral activation, and problem-solving treatment could be broadly applied	Yes	NA	Yes	NA

	Is the study population broadly applicable? Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	Comments (provide details for "no" response in previous column)	Is the intervention broadly applicable? Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	Comments (provide details for "no" response in previous column)	Is the comparator broadly applicable? Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	Comments (provide details for "no" response in previous column)	Are the outcomes broadly applicable? Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	Comments (provide details for "no" response in previous column)
First author's last name								
Year								
Trial name (if applicable)								
		all patients with diabetes.						
Murray et al., 2007 <sup>33</sup> NA	Yes	NA	No	All participants obtained meds at one pharmacy with a pharmacist trained in multiple disciplines who took time to assess for adherence, etc. and intervened as needed	Yes	NA	Yes	NA

First author's last name	Year	Trial name (if applicable)	Is the study population broadly applicable?	Comments (provide details for "no" response in previous column)	Is the intervention broadly applicable?	Comments (provide details for "no" response in previous column)	Is the comparator broadly applicable?	Comments (provide details for "no" response in previous column)	Are the outcomes broadly applicable?	Comments (provide details for "no" response in previous column)
			Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities		Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available		Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy		Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	
Nietert et al., 2009 <sup>34</sup> NA			Yes	NA	Unclear or NR	The level of follow-up that pharmacists conducted in this study for the interventions was greater than the care they usually provided.	Yes	NA	Yes	NA
Okeke et al., 2009 <sup>35</sup> NA			Yes		No	Dosing aids are not used in typical practice; however, it seems that they could be easily incorporated.	No	There was no attention-matched control condition.	Yes	
Pearce et al., 2008 <sup>36</sup> Cardiovascular Risk Education			Yes	NA	Yes	NA	Yes	NA	Unclear or NR	The medication adherence measure used in this study was not clearly

First author's last name	Is the study population broadly applicable? Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	Comments (provide details for "no" response in previous column)	Is the intervention broadly applicable? Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	Comments (provide details for "no" response in previous column)	Is the comparator broadly applicable? Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	Comments (provide details for "no" response in previous column)	Are the outcomes broadly applicable? Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	Comments (provide details for "no" response in previous column)
and Social Support (CaRESS) Trial								described by the investigators, so it is unclear whether it is "broadly applicable". The answer may be "No" to the quality of life measures, which were composite measures from the SF-36 Health Survey.
Powell et al., 1995 <sup>37</sup>	Yes	NA	Yes	NA	Yes	NA	Yes	NA
NA								
Pyne et al., 2011 <sup>38</sup>	No	Almost exclusively men in study pop	Yes	NA	Yes	NA	Yes	Used short term outcomes (adherence over 4 day period) but this was measured at 2 6-month intervals; probably a good method of assessment
HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)								
Rich et al., 1996 <sup>39</sup>	No	Unclear exclusion criteria - "other	No	Very complex	No	Comparator was not well-	No	Outcomes had 2 different methods of

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
<b>First author's last name</b>								
<b>Year</b>								
<b>Trial name (if applicable)</b>								
NA		severe illness??", age >70		intervention with multiple disciplines, broadly defined intensity of intervention from inpt and outpt standpoint		defined - were people getting any home visits, etc.?		calculation (individual vs. all meds); also proportions of people taking >80% of meds; only one short-term measure of adherence
Rickles et al., 2005 <sup>40</sup> NA	No	vast majority of participants were white women, patients could not have comorbid illness requiring medication	Yes	NA	Yes	NA	Yes	NA

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
<b>First author's last name</b> <b>Year</b> <b>Trial name (if applicable)</b>								
Ross et al., 2004 <sup>41</sup> NR	No	Substantial differences between participants who responded to survey and non-responders; non-responders with less education, fewer white non-Hispanic, more with low income, more with safety-net insurance, less computer access	Yes	NA	Yes	NA	Yes	NA
Rudd et al., 2004 <sup>42</sup> NA	Yes	NA	Yes	NA	Yes	NA	Unclear or NR	Yes for MEMS, No for clinical outcome since BP is only a surrogate measure

First author's last name	Is the study population broadly applicable? Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	Comments (provide details for "no" response in previous column)	Is the intervention broadly applicable? Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	Comments (provide details for "no" response in previous column)	Is the comparator broadly applicable? Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	Comments (provide details for "no" response in previous column)	Are the outcomes broadly applicable? Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	Comments (provide details for "no" response in previous column)
Rudd et al., 2009 <sup>43</sup> NA	Yes		Yes		no	There was no attention-matched control condition	No	Very little information is provided about the self-report adherence measure used in the study.
Schaffer et al., 2004 <sup>44</sup> NA	Unclear or NR	Eligibility criteria not reported	Yes	NA	Yes	NA	Yes	NA
Schectman et al., 1994 <sup>45</sup> NA	Yes	NA	Yes	NA	Yes	NA	Yes	NA
Schneider et al., 2008 <sup>46</sup> NA	Yes		Yes		Yes		Yes	
Schnipper et al., 2006 <sup>47</sup> NA	Yes		Yes		No	No attention-matched control program	Yes	
Simon et al., 2006 <sup>48</sup> NA	Yes	Although few racial/ethnic minorities included; ~ 90% White	Yes	NA	Yes	Na	Yes	NA

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
<b>First author's last name</b> <b>Year</b> <b>Trial name (if applicable)</b>								
Sledge et al., 2006 <sup>49</sup> NA	No	Patients with higher health care costs were over-sampled, and so the intervention was conducted among a group with very high inpatient health service use. This plus the exclusion of outliers and those with high morbidity creates a sample that is not broadly applicable.	No	Intensity may not be feasible for routine use	No	No attention-matched control program	Unclear or NR	
Smith et al., 2008 <sup>50</sup> NR	Yes	NA	Yes	NA	Yes	NA	Yes	NA
Solomon et al., 1998 <sup>51</sup> n/a	No	Very few patients with HTN are on only a dihydropyridine or a dihydropyridine	Unclear or NR	The actual content of the intervention was unclear	Yes	NA	Unclear or NR	Medication adherence outcomes broadly applicable, but morbidity outcomes
Gourley et al.,								

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
<b>First author's last name</b>								
<b>Year</b>								
<b>Trial name (if applicable)</b>								
1998 <sup>52</sup>		& a diuretic.		and was delivered by pharmacy residents - limits the applicability of the intervention as the number of pharmacy residencies is limited				of varying significance, appear to be post-hoc; too numerous to report all in this table, most relevant to med adherence chosen.
NA								
Stacy et al., 2009 <sup>53</sup>	No	After randomization, those that had no intention of picking up medication, not aware of statin prescription, or failed to answer at least 50% of baseline assessment	No	seems this intervention could only be made available to MCO participants	Yes		Yes	
NA								

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
<b>First author's last name</b>								
<b>Year</b>								
<b>Trial name (if applicable)</b>								
		excluded so study population is likely more adherent than the typical population; also participants affiliated with a large health benefit company						
Taylor et al., 2003 <sup>54</sup> NA	No	Eligibility criteria were narrow, but it is possible that this sample is broadly applicable in terms of high-risk patients	Yes		No	No attention-matched control	No	80% adherence cut-off may not be applicable for all diseases
Vivian et al., 2002 <sup>55</sup> NA	No	VA medical center patients only; excluded if missed more than 3 appointments	No	Ability for pharmacist to do this and have prescribing authority is limited to VA system; outside the	Yes	NA	No	Short term adherence measured only (6 months); measure was not validated

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
<b>First author's last name</b>  <b>Year</b>  <b>Trial name (if applicable)</b>				VA system, pharmacists currently only have the potential for prescribing authority as Clinical Pharmacist Practitioners in 2 states (NC and New Mexico)				
Waalen et al., 2009 <sup>56</sup> NA	Yes		Yes		No	There was no attention-matched control condition, and very little was reported about receipt of care in the control arm.	No	The outcome is "use of medications" rather than "medication adherence."

First author's last name	Year	Trial name (if applicable)	Is the study population broadly applicable?	Comments (provide details for "no" response in previous column)	Is the intervention broadly applicable?	Comments (provide details for "no" response in previous column)	Is the comparator broadly applicable?	Comments (provide details for "no" response in previous column)	Are the outcomes broadly applicable?	Comments (provide details for "no" response in previous column)
			Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities		Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available		Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy		Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	
Weinberger et al., 2002 <sup>57</sup>	NA	NA	Yes	NA	Yes	NA	Yes	NA	Yes	Adherence outcomes were not well described, although they are not composite or surrogate outcomes
Weymiller et al., 2007 <sup>58</sup>	Statin Choice Randomized Trial	Jones et al., 2009 <sup>59</sup>	No	Study patients more educated than community patients, and were recruited in a specialty clinic as opposed to a primary care clinic	Yes	NA	Yes	NA	Yes	NA
Williams et al., 2010 <sup>60</sup>	NA	NA	Yes	NA	Yes	NA	Yes	NA	Yes	NA
Wilson et al., 2010 <sup>61</sup>	Better Outcomes of Asthma Treatment	NA	Yes	NA	Yes	NA	Yes	NA	Yes	No

	<b>Is the study population broadly applicable?</b> Answer no if study has (1) narrow eligibility criteria or excluded those with comorbidities OR (2) large differences between demographics of study population and community patients OR (3) narrow or unrepresentative severity, stage of illness, or comorbidities	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the intervention broadly applicable?</b> Answer no if (1) doses or schedules not reflected in current practice OR (2) intensity and delivery of behavioral interventions that may not be feasible for routine use OR (3) monitoring practices or visit frequency not used in typical practice OR (4) highly selected intervention team or level of training/proficiency not widely available	<b>Comments (provide details for "no" response in previous column)</b>	<b>Is the comparator broadly applicable?</b> Answer no if study used (1) inadequate dose of comparison therapy OR (2) substandard alternative therapy	<b>Comments (provide details for "no" response in previous column)</b>	<b>Are the outcomes broadly applicable?</b> Answer no if study used (1) composite outcomes that mix outcomes of different significance OR (2) short-term or surrogate outcomes	<b>Comments (provide details for "no" response in previous column)</b>
<b>First author's last name</b>								
<b>Year</b>								
<b>Trial name (if applicable)</b>								
(BOAT); note that there is online supplemental material for methods and timeline								
Wolever et al., 2010 <sup>62</sup>	Yes	NA	Unclear or NR	NA	Yes	NA	Yes	NA
NA								
Zhang et al., 2010 <sup>63</sup>	Yes	NA	Yes	NA	No	Comparison group was a group of elderly patients receiving retiree health benefits; this is a narrowly defined population	Yes	NA
N/A								



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## **Appendix E. Risk of Bias Tables**

Table E1. Risk of Bias Ratings, Part 1

First author's last name Year RefID Trial name (if applicable)	Method of randomization adequate? Mark no if they used alternate days/times, etc.	Allocation of treatment adequately concealed?	Did strategy for recruiting participants into study differ across study groups?	Baseline characteristics similar between groups? If not, did analysis control for differences? <sup>a</sup>	Were providers blinded to intervention or exposure status of participants?
Babamoto et al., 2009 <sup>1</sup> NR	Yes	Unclear or NR	No	No	No
Bender et al., 2010 <sup>2</sup> NA	Yes	Yes	No	Yes	Yes
Berg et al., 1997 <sup>3</sup> NA	Unclear or NR	Unclear or NR	No	Yes	Unclear or NR
Berger et al., 2005 <sup>4</sup> NA	Yes	Unclear or NR	No	Yes	Unclear or NR
Bogner et al., 2008 <sup>5</sup> NA	Unclear or NR	Unclear or NR	No	Yes	No
Bogner et al., 2010 <sup>6</sup> NA	Unclear or NR	Unclear or NR	No	Yes	No
Bosworth et al., 2005 <sup>7</sup> V-STITCH	Yes	Yes	No	Yes	No
Bosworth et al., 2008 <sup>8</sup> TCYB	Yes	Unclear or NR	No	Yes	Unclear or NR
Bosworth et al., 2007 <sup>9</sup> TCYB Methods paper					
Capoccia et al., 2004 <sup>10</sup> NA	Yes	Unclear or NR	No	Yes	No
Carter et al., 2008 <sup>11</sup> NA	Yes	Unclear or NR	No	No	Unclear or NR
Carter et al., 2009 <sup>12</sup> NA	Yes	Unclear or NR	No	No	No
Chernew et al., 2008 <sup>13</sup> NA	NA	NA	No	No	NA
Choudhry et al., 2010 <sup>14</sup> NA	No	NA	Yes	No	No
Esposito et al., 1995 <sup>15</sup> NA	Yes	Yes	No	No	Unclear or NR
Fortney et al., 2007 <sup>16</sup> TEAM (Telemedicine Enhanced Antidepressant Management)	Unclear or NR	Unclear or NR	No	Yes	No

Reviewers marked 'yes' if baseline characteristics were the same or if analysis controlled for confounders. Reviewers provided additional information in the last column of the risk of bias table"

<b>First author's last name Year RefID Trial name (if applicable)</b>	<b>Method of randomization adequate? Mark no if they used alternate days/times, etc.</b>	<b>Allocation of treatment adequately concealed?</b>	<b>Did strategy for recruiting participants into study differ across study groups?</b>	<b>Baseline characteristics similar between groups? If not, did analysis control for differences?</b>	<b>Were providers blinded to intervention or exposure status of participants?</b>
Friedman et al., 1996 <sup>17</sup> NA	Unclear or NR	Unclear or NR	No	Yes	Yes
Fulmer et al., 1999 <sup>18</sup> NA	Yes	Unclear or NR	No	Yes	Unclear or NR
Grant et al., 2003 <sup>19</sup> NA	Yes	Unclear or NR	No	Yes	No
Guthrie et al., 2001 <sup>20</sup> First Myocardial Infarction (MI) Risk Reduction Program	Unclear or NR	Unclear or NR	No	Yes	Unclear or NR
Hoffman et al., 2003 <sup>21</sup> NA	No	No	No	Yes	No
Hunt et al., 2008 <sup>22</sup> NA	Yes	Unclear or NR	No	Yes	No
Janson et al., 2003 <sup>23</sup> NA	Unclear or NR	Unclear or NR	No	Yes	Yes
Janson et al., 2010 <sup>24</sup> NA	Unclear or NR	Unclear or NR	No	Yes	No
Janson et al., 2009 <sup>25</sup> NA	Yes	Unclear or NR	No	Yes	Yes
Johnson et al., 2006 <sup>26</sup> NR	Unclear or NR	Unclear or NR	No	No	Unclear or NR
Johnson et al., 2006 <sup>27</sup> NR	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR
Johnston et al., 2000 <sup>28</sup> NA	Unclear or NR	Unclear or NR	Unclear or NR	No	No
Katon et al., 1995 <sup>29</sup> NA	Yes	Unclear or NR	No	Yes	No
Katon et al., 1996 <sup>30</sup> NA	Yes	Yes	No	Yes	No
Katon et al., 1999 <sup>31</sup> NA	Yes	Unclear or NR	No	Yes	No
Katon et al., 2002 <sup>32</sup> NA					

First author's last name Year RefID Trial name (if applicable)	Method of randomization adequate? Mark no if they used alternate days/times, etc.	Allocation of treatment adequately concealed?	Did strategy for recruiting participants into study differ across study groups?	Baseline characteristics similar between groups? If not, did analysis control for differences?	Were providers blinded to intervention or exposure status of participants?
Katon et al., 2001 <sup>33</sup> NA	Yes	Unclear or NR	No	Yes	No
Ludman et al., 2003 <sup>34</sup> NA					
Van Korff et al., 2003 <sup>35</sup> NA					
Katon et al., 2004 <sup>36</sup> Pathways	Yes	Unclear or NR	No	Yes	No
Laramée et al., 2003 <sup>37</sup> NA	No	Unclear or NR	No	No	No
Lee et al., 2006 <sup>38</sup> FAME	Yes	Yes	No	Yes	No
Lin et al., 2006 <sup>39</sup> NA	Yes	Unclear or NR	No	Yes	No
Mann et al., 2010 <sup>40</sup> The Statin Choice	Unclear or NR	Unclear or NR	Unclear or NR	Yes	No
Mundt et al., 2001 <sup>41</sup> NA	Yes	Yes	No	Yes	Unclear or NR
Murray et al., 2007 <sup>42</sup> na	Yes	Yes	No	Yes	No
Nietert et al., 2009 <sup>43</sup> NA	Yes	Yes	No	Yes	No
Odegard et al., 2005 <sup>44</sup> NA	Unclear or NR	Unclear or NR	No	Yes	No
Okeke et al., 2009 <sup>45</sup> NA	Yes	Yes	No	Yes	Unclear or NR
Park et al., 1996 <sup>46</sup> NA	Unclear or NR	Unclear or NR	No	No	no
Pearce et al., 2008 <sup>47</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Yes	Yes	No	Unclear or NR	Unclear or NR
Planas et al., 2009 <sup>48</sup> NR	Yes	Unclear or NR	No	No	No
Powell et al., 1995 <sup>49</sup> NA	Unclear or NR	Unclear or NR	No	Yes	NA

First author's last name Year RefID Trial name (if applicable)	Method of randomization adequate? Mark no if they used alternate days/times, etc.	Allocation of treatment adequately concealed?	Did strategy for recruiting participants into study differ across study groups?	Baseline characteristics similar between groups? If not, did analysis control for differences?	Were providers blinded to intervention or exposure status of participants?
Pyne et al., 2011 <sup>50</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	Yes	Yes	No	Yes	No
Rich et al., 1996 <sup>51</sup> NA	Yes	Yes	No	No	No
Rickles et al., 2005 <sup>52</sup> NA	Unclear or NR	Unclear or NR	No	No	No
Rodin et al., 2009 <sup>53</sup> NA	NA	No	Yes	No	NA
Ross et al., 2004 <sup>54</sup> NR	Yes	Unclear or NR	No	Yes	No
Rudd et al., 2004 <sup>55</sup> NA	Yes	Unclear or NR	No	Yes	No
Rudd et al., 2009 <sup>56</sup> NA	Unclear or NR	Unclear or NR	No	Yes	Yes
Ruskin et al., 2004 <sup>57</sup> NA	Yes	Unclear or NR	No	Yes	No
Schaffer et al., 2004 <sup>58</sup> NA	Yes	Unclear or NR	No	Yes	Yes
Schectman et al., 1994 <sup>59</sup> NA	Unclear or NR	Unclear or NR	No	Yes	Yes
Schneider et al., 2008 <sup>60</sup> NA	Yes	Yes	No	Yes	Yes
Schnipper et al., 2006 <sup>61</sup> NA	Yes	Yes	No	Yes	No
Shu et al., 2009 <sup>62</sup> NA	Unclear or NR	Unclear or NR	Unclear or NR	Yes	No
Simon et al., 2006 <sup>63</sup> NA	Yes	Yes	No	Yes	No
Sledge et al., 2006 <sup>64</sup> NA	Yes	Yes	No	Yes	No
Smith et al., 2008 <sup>65</sup> NR	Yes	No	No	Yes	No
Solomon et al., 1998 <sup>66</sup> NA	Yes	No	Unclear or NR	No	No
Gourley et al., 1998 <sup>67</sup>					

First author's last name Year RefID Trial name (if applicable)	Method of randomization adequate? Mark no if they used alternate days/times, etc.	Allocation of treatment adequately concealed?	Did strategy for recruiting participants into study differ across study groups?	Baseline characteristics similar between groups? If not, did analysis control for differences?	Were providers blinded to intervention or exposure status of participants?
NA					
Stacy et al., 2009 <sup>68</sup> NA	Unclear or NR	Unclear or NR	No	No	NA
Stuart et al., 2003 <sup>69</sup> NA	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	No
Taylor et al., 2003 <sup>70</sup> NA	Unclear or NR	Unclear or NR	No	Yes	Unclear or NR
Vivian et al., 2002 <sup>71</sup> NA	Unclear or NR	Unclear or NR	No	No	No
Waalén et al., 2009 <sup>72</sup> NA	Yes	Unclear or NR	No	Yes	No
Wakefield et al., 2008 <sup>73</sup>	Yes	Yes	No	No	Unclear or NR
Wakefield et al., 2009 <sup>74</sup> NA	Yes	Yes	No	No	Unclear or NR
Weinberger et al., 2002 <sup>75</sup> NA	Yes	Unclear or NR	No	Yes	No
Weymiller et al., 2007 <sup>76</sup> Statin Choice Randomized Trial	Yes	Yes	No	Yes	Yes
Jones et al., 2009 <sup>77</sup> Statin Choice Randomized Trial					
Williams et al., 2004 <sup>78</sup> IMPACT (Improving Mood–Promoting Access to Collaborative Treatment)	Yes	Yes	No	Yes	No
Williams et al., 2010 <sup>79</sup> NA	Unclear or NR	Yes	No	Yes	No
Wilson et al., 2010 <sup>80</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	Yes	Yes	No	Yes	No
Wolever et al., 2010 <sup>81</sup> NA	Unclear or NR	Yes	No	Yes	No

First author's last name Year RefID Trial name (if applicable)	Method of randomization adequate? Mark no if they used alternate days/times, etc.	Allocation of treatment adequately concealed?	Did strategy for recruiting participants into study differ across study groups?	Baseline characteristics similar between groups? If not, did analysis control for differences?	Were providers blinded to intervention or exposure status of participants?
Zeng et al., 2010 <sup>82</sup> NA	No	Unclear or NR	No	No	NA
Zhang et al., 2010 <sup>83</sup> NA	NA	No	Yes	Yes	NA

Table E2. Risk of Bias Ratings, Part 2

First author's last name Year RefID Trial name (if applicable)	Participants blinded to intervention or exposure status?	Outcome assessors blinded to intervention or exposure status of participants?	Impact from any concurrent intervention or unintended exposure that might bias results ruled out?	Did variation from study protocol compromise study conclusions?	High rate of differential or overall attrition?	Did attrition result in difference in group characteristics between baseline (or randomization) and follow-up?
Babamoto et al., 2009 <sup>1</sup> NR	No	Unclear or NR	Unclear or NR	No	Yes	Unclear or NR
Bender et al., 2010 <sup>2</sup> NA	Unclear or NR	Yes	Yes	Unclear or NR	No	No
Berg et al., 1997 <sup>3</sup> NA	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	No	No
Berger et al., 2005 <sup>4</sup> NA	No	Unclear or NR	No	No	No	No
Bogner et al., 2008 <sup>5</sup> NA	No	Unclear or NR	Unclear or NR	Unclear or NR	No	No
Bogner et al., 2010 <sup>6</sup> NA	Unclear or NR	Unclear or NR	Yes	Unclear or NR	No	No
Bosworth et al., 2005 <sup>7</sup> V-STITCH	No	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR
Bosworth et al., 2008 <sup>8</sup> TCYB	No	Unclear or NR	Unclear or NR	No	Unclear or NR	Unclear or NR
Bosworth et al., 2007 <sup>9</sup> TCYB Methods paper						
Capoccia et al., 2004 <sup>10</sup> na	No	Unclear or NR	Unclear or NR	Unclear or NR	No	Unclear or NR
Carter et al., 2008 <sup>11</sup> NA	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	No	No
Carter et al., 2009 <sup>12</sup> NA	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	No	No
Chernew et al., 2008 <sup>13</sup> NA	NA	No	Yes	No	Unclear or NR	Unclear or NR
Choudhry et al., 2010 <sup>14</sup> NA	No	Unclear or NR	No	No	No	No
Esposito et al., 1995 <sup>15</sup> NA	no	no	no	no	No	Unclear or NR
Fortney et al., 2007 <sup>16</sup> TEAM (Telemedicine Enhanced Antidepressant Management)	Unclear or NR	Yes	Unclear or NR	Unclear or NR	No	Unclear or NR
Friedman et al., 1996 <sup>17</sup>	No	Yes	Unclear or NR	No	No	No

First author's last name Year RefID Trial name (if applicable)	Participants blinded to intervention or exposure status?	Outcome assessors blinded to intervention or exposure status of participants?	Impact from any concurrent intervention or unintended exposure that might bias results ruled out?	Did variation from study protocol compromise study conclusions?	High rate of differential or overall attrition?	Did attrition result in difference in group characteristics between baseline (or randomization) and follow-up?
NA						
Fulmer et al., 1999 <sup>18</sup> NA	No	No	No	No	No	No
Grant et al., 2003 <sup>19</sup> NA	No	No	Unclear or NR	Yes	Yes	No
Guthrie et al., 2001 <sup>20</sup> First Myocardial Infarction (MI) Risk Reduction Program	No	Unclear or NR	Yes	No	Yes	Unclear or NR
Hoffman et al., 2003 <sup>21</sup> NA	No	Unclear or NR	Unclear or NR	No	No	No
Hunt et al., 2008 <sup>22</sup> NA	No	Yes	No	No	Yes	Unclear or NR
Janson et al., 2003 <sup>23</sup> NA	Yes	Unclear or NR	Unclear or NR	Unclear or NR	No	NA
Janson et al., 2010 <sup>24</sup> NA	Yes	Yes	Unclear or NR	No	No	Unclear or NR
Janson et al., 2009 <sup>25</sup> NA	Unclear or NR	Yes	Unclear or NR	Unclear or NR	No	No
Johnson et al., 2006 <sup>26</sup> NR	Unclear or NR	Unclear or NR	No	Unclear or NR	Yes	Unclear or NR
Johnson et al., 2006 <sup>27</sup> NR	Unclear or NR	Unclear or NR	No	Unclear or NR	Yes	Unclear or NR
Johnston et al., 2000 <sup>28</sup> NA	Unclear or NR	Unclear or NR	No	Unclear or NR	Unclear or NR	Unclear or NR
Katon et al., 1995 <sup>29</sup> NA	No	Yes	Unclear or NR	Unclear or NR	No	No
Katon et al., 1996 <sup>30</sup> NA	No	Unclear or NR	Unclear or NR	No	Unclear or NR	Unclear or NR
Katon et al., 1999 <sup>31</sup> NA	Unclear or NR	Yes	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR
Katon et al., 2002 <sup>32</sup> NA						
Katon et al., 2001 <sup>33</sup> NA	No	Yes	No	Unclear or NR	No	Unclear or NR

First author's last name Year RefID Trial name (if applicable)	Participants blinded to intervention or exposure status?	Outcome assessors blinded to intervention or exposure status of participants?	Impact from any concurrent intervention or unintended exposure that might bias results ruled out?	Did variation from study protocol compromise study conclusions?	High rate of differential or overall attrition?	Did attrition result in difference in group characteristics between baseline (or randomization) and follow-up?
Ludman et al., 2003 <sup>34</sup> NA						
Van Korff et al., 2003 <sup>35</sup> NA						
Katon et al., 2004 <sup>36</sup> Pathways	Unclear or NR	Yes	No	Unclear or NR	No	Unclear or NR
Laramée et al., 2003 <sup>37</sup> NA	No	Unclear or NR	Unclear or NR	No	Yes	Unclear or NR
Lee et al., 2006 <sup>38</sup> FAME	No	No	Yes	No	No	No
Lin et al., 2006 <sup>39</sup> NA	No	Unclear or NR	Yes	No	No	No
Mann et al., 2010 <sup>40</sup> The Statin Choice	No	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR
Mundt et al., 2001 <sup>41</sup> NA	No	NA	Unclear or NR	No	Yes	Unclear or NR
Murray et al., 2007 <sup>42</sup> na	Unclear or NR	Unclear or NR	Unclear or NR	No	No	No
Nietert et al., 2009 <sup>43</sup> NA	No	Unclear or NR	Yes	Unclear or NR	No	No
Odegard et al., 2005 <sup>44</sup> NA	No	Unclear or NR	Unclear or NR	No	Yes	Unclear or NR
Okeke et al., 2009 <sup>45</sup> NA	No	Unclear or NR	Unclear or NR	Unclear or NR	No	No
Park et al., 1996 <sup>46</sup> NA	no	no	No	No	No	Unclear or NR
Pearce et al., 2008 <sup>47</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Yes	Unclear or NR	Yes	Unclear or NR	No	Unclear or NR
Planas et al., 2009 <sup>48</sup> NR	No	Unclear or NR	No	No	Yes	Unclear or NR
Powell et al., 1995 <sup>49</sup> NA	Yes	Unclear or NR	No	Unclear or NR	No	No
Pyne et al., 2011 <sup>50</sup> HIV Translating Initiatives	Unclear or NR	Yes	Unclear or NR	Unclear or NR	Yes	Unclear or NR

First author's last name Year RefID Trial name (if applicable)	Participants blinded to intervention or exposure status?	Outcome assessors blinded to intervention or exposure status of participants?	Impact from any concurrent intervention or unintended exposure that might bias results ruled out?	Did variation from study protocol compromise study conclusions?	High rate of differential or overall attrition?	Did attrition result in difference in group characteristics between baseline (or randomization) and follow-up?
for Depression Into Effective Solutions (HITIDES)						
Rich et al., 1996 <sup>51</sup> NA	No	Yes	No	No	No	No
Rickles et al., 2005 <sup>52</sup> NA	No	No	Unclear or NR	Unclear or NR	No	Unclear or NR
Rodin et al., 2009 <sup>53</sup> NA	No	NA	Unclear or NR	No	No	No
Ross et al., 2004 <sup>54</sup> NR	No	Unclear or NR	Unclear or NR	No	Yes	Unclear or NR
Rudd et al., 2004 <sup>55</sup> NA	Unclear or NR	Yes	Unclear or NR	No	No	Unclear or NR
Rudd et al., 2009 <sup>56</sup> NA	No	Unclear or NR	No	Unclear or NR	No	NA
Ruskin et al., 2004 <sup>57</sup> NA	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	Yes	Unclear or NR
Schaffer et al., 2004 <sup>58</sup> NA	No	Yes	Unclear or NR	Unclear or NR	No	No
Schectman et al., 1994 <sup>59</sup> NA	No	Unclear or NR	No	No	Yes	Unclear or NR
Schneider et al., 2008 <sup>60</sup> NA	No	Unclear or NR	No	No	No	No
Schnipper et al., 2006 <sup>61</sup> NA	No	Yes	No	No	No	No
Shu et al., 2009 <sup>62</sup> NA	No	Unclear or NR	No	Unclear or NR	Unclear or NR	Unclear or NR
Simon et al., 2006 <sup>63</sup> NA	No	Yes	Unclear or NR	Unclear or NR	No	Unclear or NR
Sledge et al., 2006 <sup>64</sup> NA	No	Unclear or NR	No	No	No	No
Smith et al., 2008 <sup>65</sup> NR	No	Yes	Unclear or NR	Yes	No	No
Solomon et al., 1998 <sup>66</sup> NA	No	No	Unclear or NR	No	Unclear or NR	Unclear or NR
Gourley et al., 1998 <sup>67</sup>						

First author's last name Year RefID Trial name (if applicable)	Participants blinded to intervention or exposure status?	Outcome assessors blinded to intervention or exposure status of participants?	Impact from any concurrent intervention or unintended exposure that might bias results ruled out?	Did variation from study protocol compromise study conclusions?	High rate of differential or overall attrition?	Did attrition result in difference in group characteristics between baseline (or randomization) and follow-up?
NA						
Stacy et al., 2009 <sup>68</sup> NA	No	Unclear or NR	No	No	No	No
Stuart et al., 2003 <sup>69</sup> NA	No	Unclear or NR	No	Unclear or NR	Yes	Unclear or NR
Taylor et al., 2003 <sup>70</sup> NA	No	Unclear or NR	No	No	No	No
Vivian et al., 2002 <sup>71</sup> NA	No	Unclear or NR	Unclear or NR	No	No	No
Waalén et al., 2009 <sup>72</sup> NA	No	Unclear or NR	No	No	No	Unclear or NR
Wakefield et al., 2008 <sup>73</sup>	No	Unclear or NR	Unclear or NR	Yes	Yes	Unclear or NR
Wakefield et al., 2009 <sup>74</sup> NA	No	Unclear or NR	Unclear or NR	Yes	Yes	Unclear or NR
Weinberger et al., 2002 <sup>75</sup> NA	Unclear or NR	Yes	Unclear or NR	No	No	NA
Weymiller et al., 2007 <sup>76</sup> Statin Choice Randomized Trial	Yes	Yes	No	Unclear or NR	No	No
Jones et al., 2009 <sup>77</sup> Statin Choice Randomized Trial						
Williams et al., 2004 <sup>78</sup> IMPACT (Improving Mood– Promoting Access to Collaborative Treatment)	No	Yes	Unclear or NR	Unclear or NR	No	Unclear or NR
Williams et al., 2010 <sup>79</sup> NA	Unclear or NR	Unclear or NR	Unclear or NR	No	No	Unclear or NR
Wilson et al., 2010 <sup>80</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	Unclear or NR	Unclear or NR	Unclear or NR	No	No	Unclear or NR
Volever et al., 2010 <sup>81</sup>	No	Yes	No	Unclear or NR	No	No

First author's last name Year RefID Trial name (if applicable)	Participants blinded to intervention or exposure status?	Outcome assessors blinded to intervention or exposure status of participants?	Impact from any concurrent intervention or unintended exposure that might bias results ruled out?	Did variation from study protocol compromise study conclusions?	High rate of differential or overall attrition?	Did attrition result in difference in group characteristics between baseline (or randomization) and follow-up?
NA						
Zeng et al., 2010 <sup>82</sup> NA	No	NA	Unclear or NR	No	No	No
Zhang et al., 2010 <sup>83</sup> NA	No	NA	Unclear or NR	No	No	No

Table E3. Risk of Bias Ratings, Part 3

First author's last name Year RefID Trial name (if applicable)	Analysis conducted on an intention- to-treat (ITT) basis?	Inclusion/exclusion criteria measured using valid and reliable measures, implemented consistently across all study participants?	Medication adherence outcomes assessed using valid and reliable measures, implemented consistently across all study participants? When adherence requires skills (e.g., eye drop use), does the intervention measure or account for varied skill levels?	Do authors justify medication adherence thresholds?	Are health outcomes assessed using valid and reliable measures, implemented consistently across all study participants?
Babamoto et al., 2009 <sup>1</sup> NR	Unclear or NR	Yes	No	NA	NA
Bender et al., 2010 <sup>2</sup> NA	Yes	Unclear or NR	Yes	NA	Yes
Berg et al., 1997 <sup>3</sup> NA	Yes	Unclear or NR	Yes	NA	Yes
Berger et al., 2005 <sup>4</sup> NA	No	Yes	No	NA	NA
Bogner et al., 2010 <sup>6</sup> NA	Yes	Yes	Yes	Yes	Yes
Bogner et al., 2008 <sup>5</sup> NA	NA	Unclear or NR	Yes	Yes	Yes
Bosworth et al., 2005 <sup>7</sup> V-STITCH	Unclear or NR	Yes	Yes	Yes	NA
Bosworth et al., 2008 <sup>8</sup> TCYB	Unclear or NR	Unclear or NR	Yes	Yes	NA
Bosworth et al., 2007 <sup>9</sup> TCYB Methods paper					
Capoccia et al., 2004 <sup>10</sup> NA	Yes	Yes	No	No	Yes
Carter et al., 2008 <sup>11</sup> NA	Yes	Unclear or NR	Yes	NA	Unclear or NR
Carter et al., 2009 <sup>12</sup> NA	Yes	Unclear or NR	No	Yes	Yes
Chernew et al., 2008 <sup>13</sup> NA	No	Yes	Yes	Yes	NA
Choudhry et al., 2010 <sup>14</sup> NA	Yes	Unclear or NR	Yes	Yes	NA
Esposito et al., 1995 <sup>15</sup> NA	No	Yes	Yes	NA	NA
Fortney et al., 2007 <sup>16</sup>	Yes	Yes	No	No	Yes

First author's last name Year RefID Trial name (if applicable)	Analysis conducted on an intention- to-treat (ITT) basis?	Inclusion/exclusion criteria measured using valid and reliable measures, implemented consistently across all study participants?	Medication adherence outcomes assessed using valid and reliable measures, implemented consistently across all study participants? When adherence requires skills (e.g., eye drop use), does the intervention measure or account for varied skill levels?	Do authors justify medication adherence thresholds?	Are health outcomes assessed using valid and reliable measures, implemented consistently across all study participants?
TEAM (Telemedicine Enhanced Antidepressant Management)					
Friedman et al., 1996 <sup>17</sup> NA	No	Yes	Yes	NA	Yes
Fulmer et al., 1999 <sup>18</sup> NA	No	Yes	Yes	NA	Yes
Grant et al., 2003 <sup>19</sup> NA	No	Yes	No	NA	NA
Guthrie et al., 2001 <sup>20</sup> First Myocardial Infarction (MI) Risk Reduction Program	No	Unclear or NR	No	No	NA
Hoffman et al., 2003 <sup>21</sup> NA	Yes	Yes	Yes	Yes	NA
Hunt et al., 2008 <sup>22</sup> NA	No	Yes	No	Unclear or NR	Yes
Janson et al., 2003 <sup>23</sup> NA	Unclear or NR	Yes	Yes	NA	Yes
Janson et al., 2009 <sup>25</sup> NA	Yes	Yes	Yes	NA	No
Janson et al., 2010 <sup>24</sup> NA	Yes	Yes	Yes	No	No
Johnson et al., 2006 <sup>27</sup> NR	Unclear or NR	Yes	No	Unclear or NR	NA
Johnson et al., 2006 <sup>26</sup> NR	Unclear or NR	Yes	No	No	NA
Johnston et al., 2000 <sup>28</sup> NA	No	No	Unclear or NR	NA	NA
Katon et al., 1996 <sup>30</sup> NA	Unclear or NR	Yes	Yes	Yes	Yes
Katon et al., 2001 <sup>33</sup> NA	No	Yes	Yes	Yes	Yes

First author's last name Year RefID Trial name (if applicable)	Analysis conducted on an intention- to-treat (ITT) basis?	Inclusion/exclusion criteria measured using valid and reliable measures, implemented consistently across all study participants?	Medication adherence outcomes assessed using valid and reliable measures, implemented consistently across all study participants? When adherence requires skills (e.g., eye drop use), does the intervention measure or account for varied skill levels?	Do authors justify medication adherence thresholds?	Are health outcomes assessed using valid and reliable measures, implemented consistently across all study participants?
Ludman et al., 2003 <sup>34</sup> NA					
Van Korff et al., 2003 <sup>35</sup> NA					
Katon et al., 2004 <sup>36</sup> Pathways	Yes	Yes	No	No	Yes
Katon et al., 1995 <sup>29</sup> NA	No	Yes	Yes	Yes	Yes
Katon et al., 1999 <sup>31</sup> NA	Yes	Yes	Yes	Unclear or NR	Yes
Katon et al., 2002 <sup>32</sup> NA					
Laramée et al., 2003 <sup>37</sup> NA	Unclear or NR	Yes	No	No	NA
Lee et al., 2006 <sup>38</sup> FAME	Yes	Yes	Unclear or NR	No	Yes
Lin et al., 2006 <sup>39</sup> NA	Unclear or NR	Yes	Yes	NA	Unclear or NR
Mann et al., 2010 <sup>40</sup> The Statin Choice	Unclear or NR	Unclear or NR	No	Unclear or NR	Yes
Mundt et al., 2001 <sup>41</sup> NA	No	Yes	Yes	NA	Yes
Murray et al., 2007 <sup>42</sup> NA	Yes	Yes	Yes	NA	Yes
Nietert et al., 2009 <sup>43</sup> NA	Yes	Yes	Unclear or NR	NA	NA
Odegard et al., 2005 <sup>44</sup> NA	Yes	Yes	No	Unclear or NR	Yes
Okeke et al., 2009 <sup>45</sup> NA	Yes	Yes	Yes	No	Yes
Park et al., 1996 <sup>46</sup> NA	Unclear or NR	Yes	Yes	NA	Yes

First author's last name Year RefID Trial name (if applicable)	Analysis conducted on an intention- to-treat (ITT) basis?	Inclusion/exclusion criteria measured using valid and reliable measures, implemented consistently across all study participants?	Medication adherence outcomes assessed using valid and reliable measures, implemented consistently across all study participants? When adherence requires skills (e.g., eye drop use), does the intervention measure or account for varied skill levels?	Do authors justify medication adherence thresholds?	Are health outcomes assessed using valid and reliable measures, implemented consistently across all study participants?
Pearce et al., 2008 <sup>47</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Unclear or NR	Yes	No	Unclear or NR	Yes
Planas et al., 2009 <sup>48</sup> NR	Yes	Yes	Yes	NA	Yes
Powell et al., 1995 <sup>49</sup> NA	Yes	Unclear or NR	Yes	Yes	NA
Pyne et al., 2011 <sup>50</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	Yes	Yes	No	Yes	Yes
Rich et al., 1996 <sup>51</sup> NA	Yes	No	Yes	No	Unclear or NR
Rickles et al., 2005 <sup>52</sup> NA	Yes	Yes	Yes	NA	Yes
Rodin et al., 2009 <sup>53</sup> NA	Yes	Yes	Yes	No	NA
Ross et al., 2004 <sup>54</sup> NR	Unclear or NR	Yes	No	Yes	Unclear or NR
Rudd et al., 2004 <sup>55</sup> NA	Unclear or NR	Yes	Yes	Yes	Yes
Rudd et al., 2009 <sup>56</sup> NA	Unclear or NR	Unclear or NR	No	NA	NA
Ruskin et al., 2004 <sup>57</sup> NA	No	Yes	Yes	No	NA
Schaffer et al., 2004 <sup>58</sup> NA	Unclear or NR	No	Yes	NA	Yes
Schectman et al., 1994 <sup>59</sup> NA	No	Unclear or NR	Yes	NA	NA
Schneider et al., 2008 <sup>60</sup> NA	No	Unclear or NR	Yes	NA	Yes
Schnipper et al., 2006 <sup>61</sup>	No	yes	Yes	No	NA

First author's last name Year RefID Trial name (if applicable)	Analysis conducted on an intention- to-treat (ITT) basis?	Inclusion/exclusion criteria measured using valid and reliable measures, implemented consistently across all study participants?	Medication adherence outcomes assessed using valid and reliable measures, implemented consistently across all study participants? When adherence requires skills (e.g., eye drop use), does the intervention measure or account for varied skill levels?	Do authors justify medication adherence thresholds?	Are health outcomes assessed using valid and reliable measures, implemented consistently across all study participants?
NA					
Shu et al., 2009 <sup>62</sup> NA	Yes	Unclear or NR	No	NA	NA
Simon et al., 2006 <sup>63</sup> NA	Yes	Yes	Yes	Unclear or NR	Yes
Sledge et al., 2006 <sup>64</sup> NA	No	Yes	No	NA	NA
Smith et al., 2008 <sup>65</sup> NR	Yes	Yes	Yes	Yes	NA
Solomon et al., 1998 <sup>66</sup> NA	Unclear or NR	Yes	Yes	No	Unclear or NR
Gourley et al., 1998 <sup>67</sup> NA					
Stacy et al., 2009 <sup>68</sup> NA	No	No	Yes	Yes	NA
Stuart et al., 2003 <sup>69</sup> NA	Unclear or NR	Unclear or NR	No	No	NA
Taylor et al., 2003 <sup>70</sup> NA	No	yes	No	No	NA
Vivian et al., 2002 <sup>71</sup> NA	No	Yes	No	No	NA
Waalén et al., 2009 <sup>72</sup> NA	Yes	Unclear or NR	Yes	No	NA
Wakefield et al., 2008 <sup>73</sup> NA	Unclear or NR	Yes	No	Unclear or NR	NA
Wakefield et al., 2009 <sup>74</sup> NA	Unclear or NR	Yes	No	Unclear or NR	NA
Weinberger et al., 2002 <sup>75</sup> NA	Yes	Yes	No	NA	Yes
Weymiller et al., 2007 <sup>76</sup> Statin Choice Randomized Trial	Yes	Unclear or NR	No	NA	NA

First author's last name Year RefID Trial name (if applicable)	Analysis conducted on an intention- to-treat (ITT) basis?	Inclusion/exclusion criteria measured using valid and reliable measures, implemented consistently across all study participants?	Medication adherence outcomes assessed using valid and reliable measures, implemented consistently across all study participants? When adherence requires skills (e.g., eye drop use), does the intervention measure or account for varied skill levels?	Do authors justify medication adherence thresholds?	Are health outcomes assessed using valid and reliable measures, implemented consistently across all study participants?
Jones et al., 2009 <sup>77</sup> Statin Choice Randomized Trial					
Williams et al., 2004 <sup>78</sup> IMPACT (Improving Mood– Promoting Access to Collaborative Treatment)	Yes	Yes	No	No	Yes
Williams et al., 2010 <sup>79</sup> NA	Yes	Yes	Yes	NA	Yes
Wilson et al., 2010 <sup>80</sup> Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline	No	Yes	Yes	NA	Yes
Wolever et al., 2010 <sup>81</sup> NA	No	Yes	No	Unclear or NR	Yes
Zeng et al., 2010 <sup>82</sup> NA	Yes	Yes	Yes	Yes	NA
Zhang et al., 2010 <sup>83</sup> NA	Yes	Yes	Yes	Yes	NA

Table E4. Risk of Bias Ratings, Part 4

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre- specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
Babamoto et al., 2009 <sup>1</sup> NR	NA	No	NA	High	Higher rates of attrition in standard care (50%) and case management(43%) groups compared to CHW group (28%); could be the reason why adherence worsened in standard care and case management groups; differences in groups at baseline, no blinding, single-question self-report adherence measure
Bender et al., 2010 <sup>2</sup> NA	Yes	Yes	NA	Medium	Few baseline characteristics measured so difficult to evaluate the success of randomization; Recruitment occurred through ads in newspapers: the self-selection may have resultant in disproportionately large gains
Berg et al., 1997 <sup>3</sup> NA	Yes	Yes	NA	Medium	Method NR or inadequately reported
Berger et al., 2005 <sup>4</sup> NA	Unclear or NR	yes		Medium	The danger of social desirability bias may be high due to self-report persistence measure. It is also unclear whether the outcome assessors were blinded to the random status of the patients.
Bogner et al., 2010 <sup>6</sup> NA	Unclear or NR	Yes	NA	Low	The study uses ITT analysis and clearly describes potential outcomes, their measures, and rationale for using these measures. The main concern is that several key procedures are not clearly described or reported, such as how randomization was conducted and whether outcome assessors were properly blinded to participants' treatment assignments. On the other hand, blinding participants or providers in this study was probably not feasible because of the nature of the intervention and its clear distinction from the usual care treatment. This study has a low risk of bias because the strengths of the study design, such as the 0% attrition rate and use of the MEMS adherence measure, seem to outweigh the uncertainties.

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
Bogner et al., 2008 <sup>3</sup> NA	NA	Yes	NA	Medium	No information on randomization and allocation concealment; unclear whether outcome assessors were blinded
Bosworth et al., 2005 <sup>7</sup> V-STITCH	NA	Yes	NA	Medium	Unclear if outcome assessors blinded; baseline adherence not stratified by intervention vs. control group; self-report adherence measures
Bosworth et al., 2008 <sup>8</sup> TCYB	NA	Yes	NA	Medium	This study only reports preliminary 6 month results; details of study that would help with quality assessment were not been reported (i.e., randomization, blinding, etc.)
Bosworth et al., 2007 <sup>9</sup> TCYB Methods paper Capoccia et al., 2004 <sup>10</sup> NA	NA	Yes	NA	Medium	Risk of bias: medium: the clinical pharmacist not only did the intervention but was involved in screening patients for eligibility, and measure of adherence is self-reported; unclear to what extent the intervention is standardized and whether protocol was maintained; possible Hawthorne effect
Carter et al., 2008 <sup>11</sup> NA	Unclear or NR	Yes	NA	High	This study received a high risk of bias rating because the investigators suggest their attempts to keep physicians and enrolled patients blinded did not work. Physicians were able to refer patients to the study, which introduces risk of nondifferential selection bias. It also was not clear if the investigators used allocation concealment. Still, there were several strengths, including ITT analysis, good randomization, blinding of outcome assessors, low attrition, and use of a good adherence measure.
Carter et al., 2009 <sup>12</sup> NA	Unclear or NR	Yes	NA	Medium	Medication adherence was measured with a self-report questionnaire, which may introduce information bias. It is unclear whether allocation concealment was used or whether blinding was used at all.
Chernew et al., 2008 <sup>13</sup> NA	NA	Yes	Partial (some variables were taken	Medium	There were differences between the intervention and comparison group. The investigators did little to

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
			in to account)		control for these differences. The possibility of unmeasured differences also cannot be ruled out. In addition, the sample varied over time and this is not described in sufficient detail to permit an assessment of potential impact on findings.
Choudhry et al., 2010 <sup>14</sup> NA	NA	Yes	Partial (some variables were taken in to account)	Medium	The investigators were unable to account for other interventions/exposures that could have affected the results. They also did not provide a rationale for how they set their medication adherence threshold of 80%, so this could lead to measurement bias. A lot of important information needed for quality assessment was not reported, such as attrition and whether ITT analysis was used.
Esposito et al., 1995 <sup>15</sup> NA	NA	yes		high	Very small sample and study arms differ in several characteristics. There were no statistical analyses of results.
Fortney et al., 2007 <sup>16</sup> TEAM (Telemedicine Enhanced Antidepressant Management)	NA	Yes	NA	High	Medium / high - patient characteristics are similar; no information on characteristics of the clinics except that 5 clinics had on-site mental health providers (i.e. social workers); unclear how resources and intensity of interactions with healthcare personnel aside from PCPs affected results; telemedicine appears to have been used at low rate (specific rate not reported); also study only conducted in clinics that had telemedicine equipment-- possible that these clinics are not generalizable to other clinics. Increased risk of bias from self-reporting of adherence info. Finally, p-values not reported with unadjusted estimates; they are provided with adjusted estimates, but unclear what covariates were included in the model. Also, not sure that this is truly an ITT analysis b/c adherence analysis only included subsample of patients with an active antidepressant prescription,

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
					and not reporting antidepressant discontinuation as a result of PCP instruction.
					col S: cut-off determined not by clinical evidence; authors cite comparability to other studies as rationale for cutoff
Friedman et al., 1996 <sup>17</sup> NA	NA	Yes	NA	Medium	Both groups started out with a very high adherence rate; only data from those who completed study were used for analyses; article did not report the average number of calls made by the intervention group.
Fulmer et al., 1999 <sup>18</sup> NA	NA	yes		Medium	SF-36 and MLHF may have been affected by social desirability bias in the intervention groups more than the control as the article implies that the daily reminders were administered by the same RA who collected follow-up data
Grant et al., 2003 <sup>19</sup> NA	NA	Yes	NA	Medium	Use of self-report by the interventionist as adherence measure and other lack of blinding and high attrition before intervention administers make risk greater than LOW but not high b/c randomization appears to have been done well and most attrition occurred same in both arms and was before intervention
Guthrie et al., 2001 <sup>20</sup> First Myocardial Infarction (MI) Risk Reduction Program	NA	Yes	NA	Medium	Very high attrition; medication adherence measure is not a validated measure; many quality measures unclear/NR
Hoffman et al., 2003 <sup>21</sup> NA	NA	Yes	NA	Low	Comments: Column E/F: Zip codes of physicians were randomized, and then alternately assigned to each arm; No reporting of attrition but ITT analysis conducted.
Hunt et al., 2008 <sup>22</sup> NA	NA	Yes	NA	Medium	There was high attrition in both groups, no ITT analysis, adherence thresholds not described (e.g. what is "high adherence"?) however randomization

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
					methods were good, and the study showed no difference between groups therefore this study was given a medium risk of bias instead of a high risk of bias.
Janson et al., 2003 <sup>23</sup> NA	NA	Yes	NA	Medium	Methods NR in detail; adherence was measured primarily through diary but also collected with medication monitors; in case of discrepancy between diary and monitor, used monitor data; unclear why didn't exclusively use monitor data and extent to which monitor and self-report were different
Janson et al., 2009 <sup>25</sup> NA	NA	Yes	NA	Low	Col H - only difference is in peak flow and Latino ethnicity - but essentially groups were similar; baseline characteristics of intervention and control clinicians not reported. Note that results reported in the abstract somewhat misleading in that they don't focus on comparison of intervention and control arms across follow-up period despite the fact that the goal of the intervention was to increase long-term adherence.
Janson et al., 2010 <sup>24</sup> NA	NA	Yes	NA	High	Patients were blinded to treatment group by providers were not; no info. Given describing provider characteristics or info about their inclusion. Clinic does NOT use electronic medical records; clinicians are the unit of randomization (and their panel of patients considered in either G1 or G2), but patients are often seen by different clinicians for follow-up visits
Johnson et al., 2006 <sup>27</sup> NR	NA	Yes	NA	Medium	Attrition is very high and doesn't appear this was an ITT analysis, study does not stratify n analyzed by intervention vs. control group; whether there are differences in baseline characteristics is also unclear, so much is unknown about quality metrics, difficult to assess if medium vs. high risk of bias

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
Johnson et al., 2006 <sup>26</sup> NR	NA	Yes	NA	Medium	Difficult to tell since many elements not reported
Johnston et al., 2000 <sup>28</sup> NA	Unclear or NR	Yes	NA	High	Multiple potential sources of bias, unclear how randomized, non-blinded, outcome measure for adherence unclear.
Katon et al., 1996 <sup>30</sup> NA	NA	Yes	NA	Medium	Unclear how many patients from each group were analyzed for some of the health outcomes. The adherence outcomes, 50% or more reduction in depressive symptoms, and patient satisfaction were done by ITT analysis; other outcomes used 141 patients who completed 2 follow up, but the study does not report information about how many in each group were included in these analyses.
Katon et al., 2001 <sup>33</sup> NA	NA	Yes	NA	Medium	Allocation concealment unclear; although rate of attrition for medication adherence outcome is low overall (differential rate unspecified), differential rates of attrition between arms for health outcomes of 6.2% in the intervention arm and 12.5% in the control arm
Ludman et al., 2003 <sup>34</sup> NA					
Van Korff et al., 2003 <sup>35</sup> NA					
Katon et al., 2004 <sup>36</sup> Pathways	NA	Yes	NA	High	Intervention based on IMPACT intervention (which is referenced) but nature of contact between nurses and patients not well described. Approx 20% of participants from each group dropped out; unclear if characteristics of participants who dropped out differed by group. The intervention itself includes prescriptions for AD, but only for some patients, so the outcome of adherence is endogenous to the intervention. In this context, it is impossible to attribute the change in refills to improvement in adherence; the change could just be the result of initiation of the new drug prescribed. The measure does not take into account number of prescriptions

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Katon et al., 1995 <sup>29</sup> NA	NA	Yes	NA	Medium	or number of medications. Results for medication adherence are not presented for the entire sample; they are presented for major and minor depression, the strata within which the strata were randomized. The strata, however, were constructed based on SCL depression scores, but the analysis was presented based on IDS scores that became available after randomization. The difference between randomization groups and analysis groups is unclear.
Katon et al., 1999 <sup>31</sup> NA	NA	Yes	NA	Medium	70% of participants completed all follow-up assessments; ITT analysis conducted but only the 82% who were enrolled in HMO for at least 3 of 5 6-month periods and were included in adherence & cost analyses; Adequate dosage guidelines justified, but thresholds for medication adherence not supported
Katon et al., 2002 <sup>32</sup> NA					
Laramée et al., 2003 <sup>37</sup> NA	NA	Yes	NA	High	Attrition is extremely high and uncertain how many participants were analyzed for med adherence outcomes; given problems with randomization, would consider changing to high...
Lee et al., 2006 <sup>38</sup> FAME	NA	Yes	NA	Medium	Different measurement method and frequency between intervention and control group for 14 month outcomes, no blinding
Lin et al., 2006 <sup>39</sup> NA	Unclear or NR	Yes	NA	Medium	The adherence measure in this study, computerized pharmacy refill records, was vulnerable to bias. It only measured medication refills, not actual usage by participants. As a result, it may have overestimated or even underestimate adherence rates. Data for diabetes self-management behaviors may have been affected by information bias, since they were based on self-report.
Mann et al., 2010 <sup>40</sup> The Statin Choice	NA	Yes	NA	Medium	The combination of risk of bias for the outcome measure by arm and lack of any reporting of attrition

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					or ITT analysis - CW: There is not enough information to determine the answers for many of the quality questions, so in the absence of information to say for sure, this would probably have a medium risk and not a high risk of bias.
Mundt et al., 2001 <sup>41</sup> NA	NA	Yes	NA	High	There was a high attrition rate in both groups (73.8% of intervention group completed all three follow up calls, and 66.9% of control group completed all three calls); the medication compliance analysis excluded 75 out of 246 (30%) patients (33 intervention and 42 control patients), the text explains that patients were excluded because they had prescription refill records in excess of 15 days (25), no prescription records (3), or a single prescription fill (26). These post-hoc exclusions (for reasons of the adequacy of prescription fill data) could result in unaccounted-for differences between the originally randomized arms. No sensitivity analysis was reported to indicate how the excluded group compared to the subgroup retained in the analysis.
Murray et al., 2007 <sup>42</sup> NA	Yes	Yes	NA	Low	NA
Nietert et al., 2009 <sup>43</sup> NA	NA	No	NA	Medium	The randomization method was effective, and the sample size seemed adequate. On the other hand, 2 of the 9 study locations had no refill data for the first 5 months of the study, and gender information was missing for the study sample. Also, race, education, and income data were all based on population-level data in each patient's zip code of residence, rather than each individual's information. Assuming that this group-level data also applies to the sample size leaves room for bias. Finally, it was unclear whether the adherence measure in this study, time-to-refill, is valid and reliable.

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
Odegard et al., 2005 <sup>44</sup> NA	NA	Yes	NA	High	Not randomized by clinic, patient level randomization not described, high attrition in control group (20%) (Intervention group was 10 %); Not just greater attrition in control group, but many fewer were randomized to control group.
Okeke et al., 2009 <sup>45</sup> NA	Unclear or NR	Yes		Medium	It is unclear whether treatment arm was concealed from medical provider or from study staff assessing outcomes.
Park et al., 1996 <sup>46</sup> NA	yes	yes		high	The pharmacists delivering the intervention were responsible for recruiting, consenting, randomizing, intervening, and collecting data on all patients. Providers were not blinded. Sample size was small and far more control patients than study patients had controlled blood pressure.
Pearce et al., 2008 <sup>47</sup> Cardiovascular Risk Education and Social Support (CaRESS) Trial	Unclear or NR	Yes	NA	Medium	There is a medium risk of bias for several reasons. There is potential information bias because medication adherence was measured using a self-report questionnaire instead of an objective measure like MEMS. Confounding by health insurance status is unlikely but possible, since there were significant between-group differences in this variable at baseline. Also, the power of the study to avoid type II errors was limited because of insufficient recruiting.
Planas et al., 2009 <sup>48</sup> NR	NA	Yes	NA	High	Small sample size (40 for adherence outcomes), high attrition; number of medications at baseline not accounted for; baseline characteristics appear to differ for ethnicity and BMI
Powell et al., 1995 <sup>49</sup> NA	NA	Yes	NA	Medium	The investigators did not take baseline disease co-morbidities into account (potential confounder), and their method of deducing their subjects' disease states based on the drug prescribed seems prone to bias, as well. For example, what if a large group of patients received their medications for off-label

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
					usage? Too little information is provided about blinding and allocation concealment, so it wasn't possible to rate the study on these traits.
Pyne et al., 2011 <sup>50</sup> HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES)	NA	Yes	NA	Medium	Low rates of attrition for the overall intervention study, but low response rates for measuring outcomes. Risk of Hawthorne effect; validity of outcome assessment unlikely to vary by study group
Rich et al., 1996 <sup>51</sup> NA	NA	Yes	NA	Medium	A few significant/borderline differences between groups: 1) age (older in treatment group) p=0.029 2) heart rate (higher in treatment) p=0.004 3) serum cholesterol (higher in treatment) p = 0.052 Analysis did not control for differences
Rickles et al., 2005 <sup>52</sup> NA	NA	Yes	NA	Medium	Col H: baseline characteristics similar except for intervention group had more people with past history of psychiatric meds; not adjusted for in the analysis col p: main analysis is not intent to treat; however, noted that with ITT analysis, no sign. difference across study arms on adherence measures at 6 mos. Risk of bias: Medium -- no blinding in the study; numbers were small and ITT analysis showed no effect; also authors chose to use 1-sided statistical tests; if used 2-sided test, unclear if non-ITT results would still be statistically significant; unclear if the much higher proportion of previous psychiatric meds in the intervention arm resulted in a group that was more resistant to the intervention, which may explain the lack of effect of the intervention
Rodin et al., 2009 <sup>53</sup> NA	NA	Unclear or NR	No (Not accounted for or not identified)	High	The investigators did not control for any potential confounding variables in their analyses. This, compounded by the differences at baseline between the intervention and control groups, resulted in the

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
Ross et al., 2004 <sup>54</sup> NR	NA	Yes	NA	Medium	high risk of bias rating. Providers did not know which patients enrolled in study unless they received communication from patient using SPPARO so no protocol to keep providers blinded; difference in 12-month attrition between groups ~10%; small n
Rudd et al., 2004 <sup>55</sup> NA	NA	Yes	NA	Medium	Randomization method unclear, baseline adherence not reported, unclear if ITT analysis
Rudd et al., 2009 <sup>56</sup> NA	Unclear or NR	Yes		Low	Adherence was measured only through self-report.
Ruskin et al., 2004 <sup>57</sup> NA	NA	Yes	NA	High	Possible detection bias from failure to validate adherence threshold & reduced power to detect statistical differences in adherence due to overall attrition. Possible risk of contamination because same providers delivered treatment in both intervention groups (although treatment goals were identical between groups). Also, authors raise concern that adjustment for medical comorbidities was insufficient. The study had 12 post-randomization exclusions from 131 randomized, an additional 46 patients dropped out of the adherence analysis, leaving 56% of the original randomized sample. The adherence analysis is not based on intention-to-treat. The 70% cutoff for the dichotomous outcome of adherence is not supported by evidence. There was a possible Hawthorne effect.
Schaffer et al., 2004 <sup>58</sup> NA	NA	No	NA	Medium	Inclusion and exclusion criteria not described; small sample size likely limited ability to test differences across groups
Schectman et al., 1994 <sup>59</sup> NA	NA	Yes	NA	Medium	No reports on method of randomization; very high attrition >20% in niacin >30% in BAS and non-ITT analysis done (only subjects maintained on drug for 2 months analyzed- see Table 3); follow-up time to

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
Schneider et al., 2008 <sup>60</sup> NA	Unclear or NR	Yes		Low	outcomes extremely short- only 2 months
Schnipper et al., 2006 <sup>61</sup> NA	Unclear or NR	yes		Low	
Shu et al., 2009 <sup>62</sup> NA	Unclear or NR	Yes		High	This study was a post-hoc analysis of an RCT with different outcomes from adherence. Additional details on study quality may be reported in another article: Solomon DH, Polinski JM, Stedman M, et al. Improving care of patients at-risk for osteoporosis: a randomized controlled trial. JGIM 2007; 22(3):362-367.
Simon et al., 2006 <sup>63</sup> NA	NA	Yes	NA	Medium	Risk of bias: Medium: assessed success of baseline randomization using few characteristics; characteristics of psychiatrists unknown; The adherence measure is weak b/c prescription refills could be missing for 1/2 of study time (3 months) and person could still be considered perfectly adherent if adherent for another 3 months  Other comments: col H: few baseline characteristics recorded; usual care group was sign. older than intervention groups: the adherence measure is filled prescriptions for at least 90 days of continuous antidepressant treatment at a minimally adequate dose - specific doses for specific meds - doses appear to be derived clinically but not referenced as mentioned above, could be nonadherent for half of follow-up time but still considered adherent.
Sledge et al., 2006 <sup>64</sup> NA	Unclear or NR	No		Medium	Adherence was not a main aim of the study and was not reported in the results.
Smith et al., 2008 <sup>65</sup> NR	NA	Yes	NA	Medium	One site was randomized by patient instead of practice; contamination could have underestimated

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
Solomon et al., 1998 <sup>66</sup> NA	NA	Unclear or NR	NA	Medium	effect of intervention Difficult to fully assess quality given many items unknown; attrition unclear so can't tell if ITT analysis done, lack of masking of participants and outcome assessors, etc.
Gourley et al., 1998 <sup>67</sup> NA					
Stacy et al., 2009 <sup>68</sup> NA	NA	Yes	NA	Medium	Non-ITT analysis, not sure if randomization was adequate; certain exclusions made after randomization occurred creating a population that is already fairly adherent and motivated to take their statins
Stuart et al., 2003 <sup>69</sup> NA	NA	No	NA	High	Methods, data, results inadequately reported. High attrition rates (50%) in at least one arm, other attrition rates NR, no results reported in text, unclear if results addressed high attrition rate.
Taylor et al., 2003 <sup>70</sup> NA	NA	yes		Medium	There are many aspects of the randomization and data collection procedures that are not reported, and the compliance outcome was assessed by self-report.
Vivian et al., 2002 <sup>71</sup> NA	NA	Yes	NA	Medium	Compliance measured monthly in intervention group; only measured at baseline and at 6 months for control group; small n
Waalén et al., 2009 <sup>72</sup> NA	Unclear or NR	Yes		Medium	It is unclear whether treatment arm was concealed from study staff assessing outcomes. The authors also report an independent HMO-wide program to improve osteoporosis treatment which would have impacted only the control arm.
Wakefield et al., 2008 <sup>73</sup> NA	Unclear or NR	Yes	NA	High	High differential attrition at 180 days in videotelephone group, baseline differences between control and intervention groups in changes to medications at discharge and understanding regimen; approximately 2.6 video calls (out of 14) were transitioned to telephone calls due to technical errors; single question, non-validated assessment of

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
Wakefield et al., 2009 <sup>74</sup> NA	Unclear or NR	Yes	NA	High	adherence. High differential attrition at 180 days in videotelephone group, baseline differences between control and intervention groups in changes to medications at discharge and understanding regimen; approximately 2.6 video calls (out of 14) were transitioned to telephone calls due to technical errors; single question, non-validated assessment of adherence.
Weinberger et al., 2002 <sup>75</sup> NA	NA	Yes	NA	Low	Information on allocation concealment and blinding concealment not reported; study used only self-report measures of adherence
Weymiller et al., 2007 <sup>76</sup> Statin Choice Randomized Trial	Unclear or NR	Yes	NA	Medium	In the Weymiller and Jones articles, the investigators did a commendable job of protecting the internal validity of their study data by computerizing randomization and provider allocation, blinding participants and outcome assessor to group assignments, and ITT analysis. Unfortunately, baseline adherence rates were not calculated, and the only measure of adherence was a single self-report "Yes/No" item, which could introduce information bias.
Jones et al., 2009 <sup>77</sup> Statin Choice Randomized Trial					
Williams et al., 2004 <sup>78</sup> IMPACT (Improving Mood–Promoting Access to Collaborative Treatment)	NA	Yes	NA	High	Ceiling effect on baseline adherence measure makes it impossible to assess whether lack of difference at follow-up is an artifact of measurement of adherence.
Williams et al., 2010 <sup>79</sup> NA	NA	Yes	NA	Low	Col J: providers were the target of the intervention - they were not blinded; unclear if patients were blinded. Physicians were given access to data, but most physicians did not use the data. Like an effectiveness trial to see whether intervention would be taken up by physicians.
Wilson et al., 2010 <sup>80</sup> Better Outcomes of Asthma	Yes	Yes	NA	Medium	No ITT analysis; included participants with complete data for the entire year of analysis; Computer-

First author's last name Year RefID Trial name (if applicable)	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	[For observational studies only] Important confounding and modifying variables taken into account in the design and/or analysis?	Risk of bias	Comments
Treatment (BOAT); note that there is online supplemental material for methods and timeline					based adaptive randomization algorithm used to ensure concealment and better-than-chance balance among the three groups for baseline characteristics; inclusion criteria somewhat vaguely described
Wolever et al., 2010 <sup>81</sup> NA	NA	Yes	NA	Medium	
Zeng et al., 2010 <sup>82</sup> NA	NA	Unclear or NR	Partial (some variables were taken in to account)	High	Analyses used different numbers of control group patients (e.g. PDC included 710 total (71 cases, 639 controls). The intervention group was limited to patients at one clinic. Not clear why that clinic was selected.
Zhang et al., 2010 <sup>83</sup> NA	NA	Unclear or NR	Yes	Medium	Comparison group differed from intervention groups. Propensity scores may not adequately adjust for all potential confounders.

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## **Appendix F. Adherence and Clinical Outcome Scales Commonly Used in Medication Adherence Studies**

## Appendix F: Adherence and Clinical Outcome Scales Commonly Used in Medication Adherence Studies

### General Health Measures

Abbreviated Name	Complete Name of Measure or Instrument	Range or mean of Scores	Improvement Denoted by
ACT	Asthma Control Test	0-25.	Increase
ACQ	Asthma Control Questionnaire	Total score is mean of scores for all 7 items.	Decrease
AQLQ	Asthma Quality of Life Questionnaire	0-4. A score change of 0.5 points is considered to be clinically important.	Increase
ATAQ	Asthma Therapy Assessment Questionnaire	0-4	Decrease
CES-D	Center for Epidemiologic Studies – Depression Scale	0-60	Decrease
DSM-III/IV	Diagnostic and Symptom Manual III/IV	N/A	N/A
N/A	Hypertension/Lipid Form 5.1 (developed by The Health Outcomes Institute)		
IDS	Inventory of Depressive Symptomatology	0-84	Decrease
MLHF	Minnesota Living with Heart Failure	NR	Increase
SCL-20	Symptom Checklist with 20 items	NR	Decrease
SF-36	Medical Outcomes Study Short Form 36 Health Survey	0-100	Increase
N/A	Sheehan Disability Scale	0-10	Decrease

### Medication Adherence Measures

Abbreviated Name	Complete Name of Measure or Instrument	Range or mean of Scores	Improvement Denoted by
HEDIS	Healthcare Effectiveness Data and Information Set guidelines for measuring adherence based on pharmacy refill data	N/A	N/A
MPR	Medication possession ratio (i.e, number of eligible days in the yearly quarter the person was in possession of the medication divided by the number of days in the quarter)	0-1.0	Increase
MEMS	Medication event monitoring systems	N/A	Increase
N/A	Morisky 8-item adherence scale	0-8	Decrease
N/A	Proportion of days covered (i.e., estimated number of days of medication available to each patient)	N/A	Increase
N/A	Time-to-refill	N/A	Decrease

## **Appendix G: Patient, Provider, and Policy Interventions: Strength of Evidence Grades**

## Appendix G: Patient, Provider, and Policy Interventions: Strength of Evidence Grades

Clinical Condition	Intervention	Medication Adherence	Mortality	Biomarkers	Morbidity	Quality of Life	Patient Satisfaction	Health Utilization	Costs	Quality of Care
Diabetes <sup>1-3</sup>	Care coordination and collaborative care	Benefit: low SOE	No evidence	Benefit for HbA1c: low SOE	Benefit for depressive symptoms: low SOE	No evidence	No evidence	No evidence	No evidence	No evidence
Diabetes <sup>4-6</sup>	Decision aids	Insufficient	No evidence	No evidence	No evidence	No evidence	Benefit: low SOE	No evidence	No evidence	No evidence
Diabetes <sup>7</sup>	Health coaching	Insufficient	No evidence	Insufficient	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Diabetes <sup>8</sup>	Social support	Insufficient	No evidence	Insufficient	No evidence	No evidence	Benefit: low SOE	No evidence	No evidence	No evidence
Hyperlipidemia <sup>9-11</sup>	Telephone-based interventions (e.g., reminders, active problem management, tailored support)	Benefit: low SOE	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Hyperlipidemia <sup>10, 12, 13</sup>	Mail-based education (e.g., standard videos, tailored print)	Benefit: low SOE	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Hyperlipidemia <sup>14</sup>	Collaborative care	Insufficient	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Hyperlipidemia <sup>4-6</sup>	Statin decision aids	Insufficient	No evidence	No evidence	No evidence	No evidence	Insufficient	No evidence	No evidence	No evidence
Hyperlipidemia <sup>15</sup>	Pharmacist-led multicomponent (for 12 months)	Insufficient	No evidence	No evidence	No evidence	No evidence	Insufficient	No evidence	No evidence	No evidence
Hypertension <sup>16-21</sup>	Telephone-based education	Benefit: low SOE	No evidence	No evidence	Benefit for systolic blood pressure: low Benefit for diastolic blood pressure: low	No evidence	No evidence	No evidence	No evidence	No evidence

<b>Clinical Condition</b>	<b>Intervention</b>	<b>Medication Adherence</b>	<b>Mortality</b>	<b>Biomarkers</b>	<b>Morbidity</b>	<b>Quality of Life</b>	<b>Patient Satisfaction</b>	<b>Health Utilization</b>	<b>Costs</b>	<b>Quality of Care</b>
Hypertension <sup>15, 22-26</sup>	Pharmacist-led intervention (e.g., education, collaborative care, clinic)	Benefit: low SOE	No evidence	No evidence	Benefit for systolic blood pressure: moderate Benefit for diastolic blood pressure: low	Insufficient	Insufficient	Benefit for hospital visits and other contacts: low SOE Other measures: Insufficient	No evidence	No evidence
Hypertension <sup>13, 27</sup>	Mail-based education (e.g., standard videos, tailored print)	Benefit: low SOE	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Hypertension <sup>1, 8, 28</sup>	Other interventions (e.g., collaborative care, nurse support, blister packing)	Insufficient	No evidence	No evidence	No evidence	No evidence	Insufficient	No evidence	No evidence	No evidence
Congestive heart failure <sup>29</sup>	Video and telephone reminders	Benefit: low SOE	No evidence	No evidence	No evidence	Insufficient	No evidence	No evidence	No evidence	No evidence
Congestive heart failure <sup>30</sup>	Pharmacist-led multicomponent	Benefit: low SOE	No evidence	No evidence	No evidence	Insufficient	Benefit: low SOE	Benefit for all-cause ED visits and all-cause ED visits + hospitalizations : low SOE Other measures: Insufficient	Insufficient	No evidence
Congestive heart failure <sup>31</sup>	Case management (multisetting)	Benefit: low SOE	No evidence	No evidence	No evidence	No evidence	No evidence	Insufficient	No evidence	No evidence
Congestive heart failure <sup>32</sup>	Patient access to medical records and messaging system	Insufficient	Insufficient	No evidence	Insufficient	Insufficient	Insufficient	Insufficient	No evidence	No evidence

<b>Clinical Condition</b>	<b>Intervention</b>	<b>Medication Adherence</b>	<b>Mortality</b>	<b>Biomarkers</b>	<b>Morbidity</b>	<b>Quality of Life</b>	<b>Patient Satisfaction</b>	<b>Health Utilization</b>	<b>Costs</b>	<b>Quality of Care</b>
Myocardial infarction <sup>33</sup>	Mail-based communication to patients and providers about importance of medication adherence	Benefit for adherence: low SOE Persistence: Insufficient	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Asthma <sup>34-38</sup>	Self-management	Short-term benefit: moderate SOE; no evidence for long-term	No evidence	Pulmonary function and inflammation markers: Insufficient	Symptom improvement: Insufficient	No Benefit: low SOE	No evidence	No evidence	No evidence	No evidence
Asthma <sup>39, 40</sup>	Pharmacist or physician access to patient adherence information	No Benefit: low SOE	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Asthma <sup>41</sup>	Shared decisionmaking	Benefit: low SOE	No evidence	Benefit for pulmonary function: low SOE	Benefit for symptom improvement: low SOE	Benefit: low SOE	No evidence	Benefit: low SOE	No evidence	No evidence
Depression <sup>42, 43</sup>	Telemonitoring	Insufficient	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Depression <sup>2, 16, 44-46</sup>	Case management	Benefit during or shortly after intervention: moderate SOE; no evidence for long-term	No evidence	Benefit for HbA1C: low SOE	Benefit for symptom improvement: moderate SOE Benefit for diastolic and systolic blood pressure: low SOE Self-rated disability: Insufficient	No evidence	No evidence	No evidence	No evidence	No evidence
Depression <sup>1, 47-52</sup>	Collaborative care	Benefit for telephone+in-person visits: moderate SOE Depression+dia	No evidence	No evidence	Benefit for major depression and moderately	Insufficient	Benefit: low SOE	Insufficient	Insufficient	Benefit: moderate SOE

Clinical Condition	Intervention	Medication Adherence	Mortality	Biomarkers	Morbidity	Quality of Life	Patient Satisfaction	Health Utilization	Costs	Quality of Care
		betes, depression+ HIV, telephone-only: Insufficient			depressed: low SOE  Minor depression, severely depressed: Insufficient					
Depression <sup>53</sup>	Reminder letters to nonadherent patients and monthly lists of nonadherent patients to providers	Benefit: low SOE	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Glaucoma <sup>54</sup>	Multi-component including education, reminders, and dosing aid	Benefit: low SOE	No evidence	No evidence	Intra-ocular pressure: Insufficient	No evidence	No evidence	No evidence	No evidence	No evidence
Multiple sclerosis <sup>55</sup>	Software-based telephone counseling	Benefit: low SOE	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Musculoskeletal diseases <sup>56, 57</sup>	Case management	Insufficient	No evidence	No evidence	No evidence	No evidence	Insufficient	No evidence	No evidence	No evidence
Multiple or unspecified chronic conditions <sup>58-60</sup>	Pharmacist-based outreach, education, and problem-solving	No Benefit: low SOE	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence
Multiple or unspecified chronic conditions <sup>61</sup>	Case management	Insufficient	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence	No evidence

ED: emergency department; HgA1cL: glycosylated hemoglobin; SOE: strength of evidence

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